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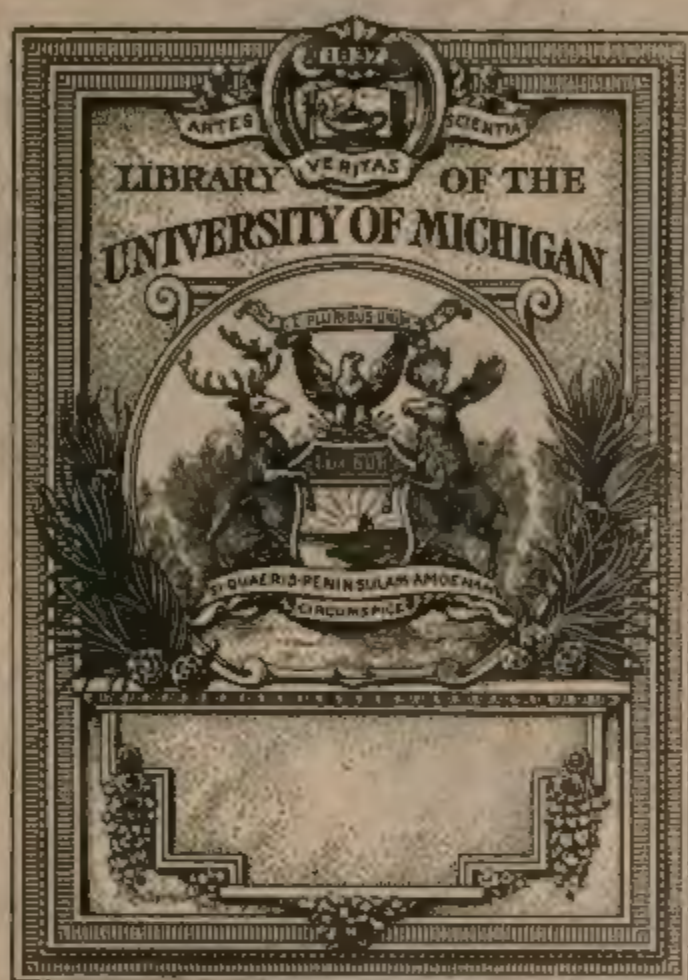
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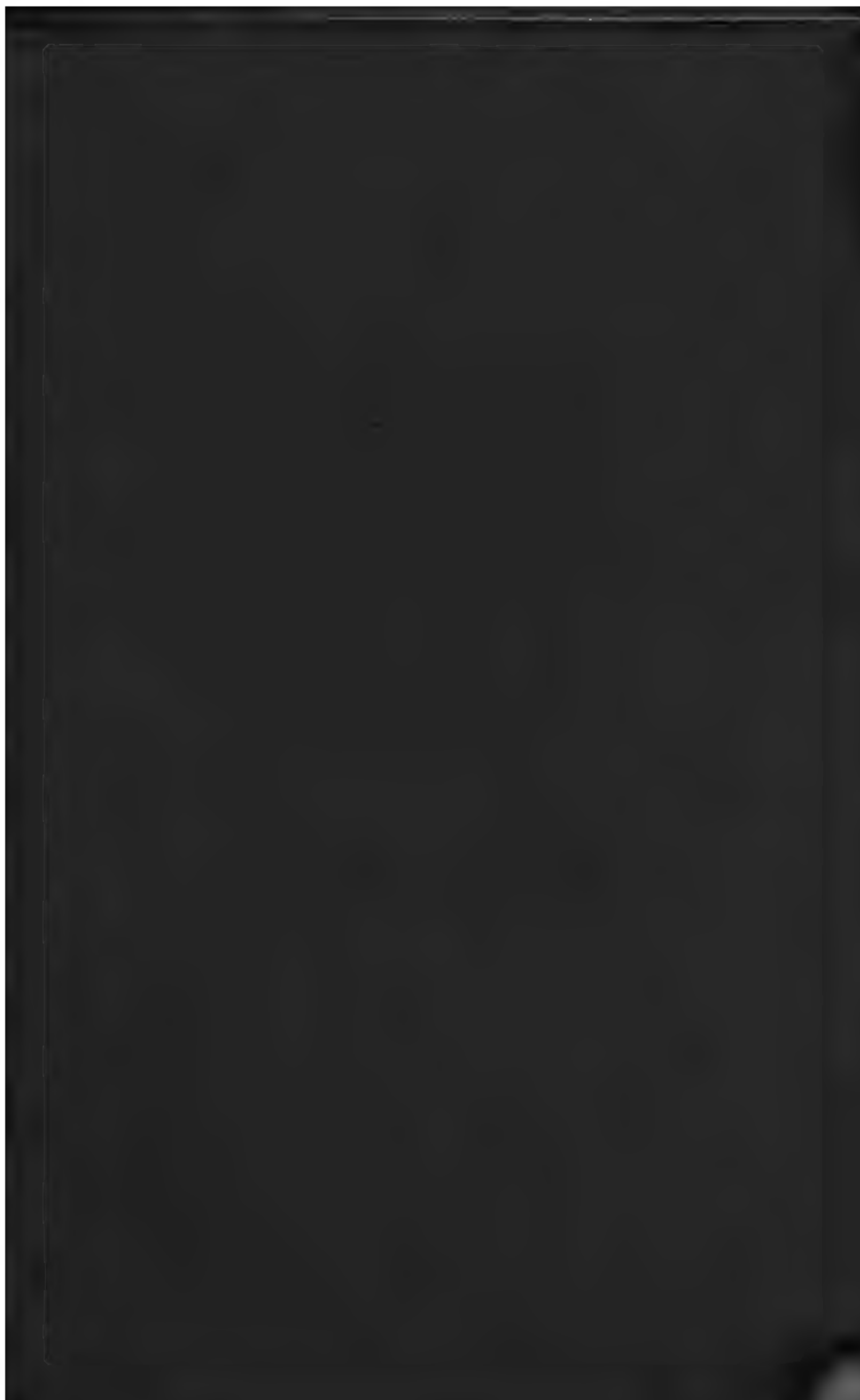
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THE
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EDITED BY
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THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

DR. CL. MÜLLER ON SYPHILIS.*

I PROPOSE to make some remarks on syphilis, not so much for the purpose of recounting special modes of treatment with curative results, as to draw the attention of homœopathic physicians to the researches which of late years have been made regarding the pathology of this disease. In truth, hardly has any other form of disease so constantly called forth the unwearied zeal—nay, the truly heroic devotion—of pathologists and therapeutists of all countries, as the syphilitic class of disorders. With praiseworthy energy and assiduity, men of the greatest ability have sought to shed light on the puzzling obscurity of this disease as regards its essential nature. This has all been done since Ricord set to work at this theme, and mainly in consequence of his example. Hence we must gratefully acknowledge his services, even though we see that every year more recent investigations tend to upset his views and theories. Thousands of troublesome and dangerous researches and experiments have been instituted with the greatest perseverance and self-sacrifice, for the sake of eliciting light and consistency from the chaos of

* *Hom. Vierteljahrschrift*, Bd. xvi, part 4.

existing contradictions regarding the nature, the classification, and the contagiousness of this pest of the world. And though the time does not yet appear to have arrived for attaining to an absolute conclusion of these efforts, yet the views seem to be getting clearer, and, at least with regard to the most important points, reliable data have been established, which are bringing into nearer accordance the systems that have hitherto divaricated in all directions. On this ground it must now seem advisable for us homœopaths, too, no longer to stand aloof without taking part in the results that have been attained; and so much the more since they are peculiarly calculated to exercise an influence on therapeutics, or at least to sift and classify our therapeutic results and experience.

It is by no means my intention to follow up and go through the theories that have been promulgated and given up again since Ricord's day, nor all the manifold phases through which syphilidology has passed during these years. Nor shall I once make mention of syphilization, since it is in its generality a defeated and abandoned standing-point. I will merely try to comprise in the smallest possible compass the newest researches and accepted facts, and to indicate as the probable result not only of the last, but generally of all these efforts and experiments, that which, unless we are entirely deceived, has found and will maintain abiding and permanent recognition. It is especially Sigmund, Von Bärensprung, Zeissl, Friedberg, &c., who in Germany, of late years, have occupied themselves most zealously with syphilidology. According to these men, the state of the case is pretty much as follows:

The classification and nomenclature of venereal and syphilitic diseases hitherto in general use is quite untenable. It is utterly impossible to comprise gonorrhœa, chancre, and constitutional syphilis under a single collective name as venereal, syphilis, and the like, since these three maladies are diseases sharply defined and separated from each other, which have little in common except the seat of the complaint. The packing of them into one class is given up once for all; the inadequacy of the nomenclature hitherto

employed is evident from a clinical, medico-legal and sanitary point of view. Two separate diseases are called by the names of chancre: on the one hand it is taken to be the first symptom of syphilis, and accordingly treated with antisyphilitics; on the other hand, it is pointed out as not at all pertaining to syphilis. The same obscurity of conception is betrayed by a medico-legal procedure having for its object to appreciate the nature of the corporeal injury caused by infection. The confusion passes over into the reports of different divisions of syphilis, from which we cannot learn what proportion the number of local venereal affections bears to the number of constitutional ones. Nor is there any more truth in the idea that there are two kinds of chancre, one soft and the other indurated, and that the nature of chancre is syphilitic, local in itself, but capable of passing into a constitutional affection, &c. &c.

Instead of all this, there ought to be established three groups quite distinct from each other: 1. The Gonorrhœal form; 2. The Ulcerous form (so-called "soft chancre"); and, 3, Syphilis.

1. Ricord has already taught us, and inoculation and clinical experience have amply established the fact, that gonorrhœa is simply a catarrh, and presents nothing but catarrhal alterations, as swelling, redness, erosion, granulation of follicles and papillæ, growth of warts, exfoliation of the epithelium of the mucous membrane with thickening of it and of the sub-mucous tissue; extension of the inflammation in males to the seminal canals, the epididymis, the tunica vaginalis of the testicle, the prostate gland, the bladder, and the pelvis of the kidney; in females, to the vagina, uterus, ovaries, &c. The secretion can also be transferred to the mucous membrane of the rectum and of the eye, yet the inflammation does not develop itself from within outwards; general ailments never present themselves. Gonorrhœa is, accordingly, a perfectly local disease of the mucous membrane or its continuation inside of an organ, and is *never* followed by syphilitic disease. Some have classed gonorrhœa with syphilis just because often syphilis followed gonorrhœa without ulceration. The mistake lay

in looking for ulceration as the commencement of syphilis ; *whereas syphilis begins with a sharply defined infiltration, and not with an ulcer.* Those cases which are said to afford evidence that syphilis sometimes sets in after gonorrhœa admit of the following explanation. Either syphilitic infiltrations appear simultaneously with the gonorrhœa and are overlooked, or the syphilis may supervene upon gonorrhœa, or *vice versâ*. The earliest indications of syphilis do not show themselves till several weeks after infection, whereas those of gonorrhœa are evident in a few hours. This circumstance had led to error as to the causative relations of both diseases. Syphilitic infiltrations (scleroses) seldom appear in females ; papulæ are more frequent. These may be overlooked or may disappear, whilst the gonorrhœa goes on for a long period. The gonorrhœal affections pass for harmless, yet syphilis may be caught under these circumstances ; and subsequently syphilitic symptoms, too, may be exhibited without the latter being introduced by the gonorrhœa.

Gonorrhœa attacks the same individual as often as fresh infection takes place, and it gets well without medicine if the patient lives by rule. Antisyphilitic treatment, whether curative or prophylactic, applied to it, is devoid of all scientific propriety. Nay, in scrofulous, tubercular, and anæmic subjects, serious evil consequences may result.

2. This second group, the ulcerous form, may at present be called chancre *par excellence*. It is not correct that, according to the expression of the unity party, the nature of the chancre is syphilitic—itself local, but capable of passing into a constitutional malady ; nor is it correct to say with the dualist party that there are two distinct species of chancre, one soft and the other hard. The ulcer called “indurated chancre” is not a chancre at all, but simply a syphilitic ulcer, *i. e.*, a pimple or papule that has passed into a state of ulceration. The ulcer called a “soft chancre” has nothing in common with syphilis, and can no more be classed with it than gonorrhœa itself. The syphilitic ulcer which has hitherto been called “indurated chancre,” ought not to be called chancre ; no more should the soft chancre be

called a "soft syphilitic ulcer." The nature of the chancre is always *sui similis* and local; the nature of syphilis is likewise always one and the same, not twofold—not at one time local, at another constitutional. The chancre is generated by an infectious matter which fastens on the affected spot, produces in twenty-four hours a pustule, in four days an ulcer; in two or three weeks there may be added an acute glandular inflammation by means of the lymphatic vessels that run into the nearest lymphatic gland, and it may terminate in an abscess: when this happens, however, the entire regular course of development of forms of this group of diseases is prevented. *It is a simply contagious and purely local process* if the ulcer only was there. The pus is the vehicle of infection. By inoculation we get a direct proof of the contagiousness of this form; both healthy individuals and syphilitic patients can be infected therewith, and that repeatedly, as often as a new infection takes place (in one case fourteen times in twenty-two years). The cure may occur spontaneously, but it is assisted by medical art; the pretended prophylaxis of a syphilitic disease that never appeared thereafter is quite without foundation.

3. In syphilis the infectious matter is taken into the blood and penetrates into every part of the body. From the alteration in the constituents of the blood, secretions, exudations, and increased formations may be excited: the first perceptible trace, however, of syphilis is sclerosis (a smooth nodule or papule), essentially consisting in thickening and comparative hardening of the skin and connective tissue first affected. Lesions of the tissues of any kind whatever that supervene upon the sclerosis are accidents; therefore we must guard against fancying we see the beginning of syphilis in the occurrence of an ulcer. The pimple or papule sloughs, and then exhibits a dry ulcer, which by a misnomer is called "indurated chancre." This ordinarily takes place in four weeks after infection or inoculation; after this period, in cases of dyscrasia of moderate intensity induced by infection, a formation of homologous tissue is excited, swellings in many of the lymphatic

glands, cutaneous tubercles, thickening of the periosteum, hypertrophy of connective tissue in the liver, testicles, &c. ; and to these are added inflammatory processes, inflammation of the mucous membrane, cutaneous eruptions, &c. With still greater intensity of the disease occur heteroplastic growths, "gummata," in different parts of the body. The syphilitic virus insinuates itself with the blood into various tissues of the body, continues its hold upon them, impregnates them, passes over into their constituents, so that the tissues themselves become the source from whence the virus subsequently enters the circulation. Accordingly, syphilis is quite a general disorder of the system ; but its division into primary, secondary, and tertiary is untenable. If one could distinguish at the bedside the stage of homologous formations from that of the heteroplastic, and if the former and the latter occurred at different periods of time, then one might talk of primary and secondary syphilis ; this, however, is not the case : besides, the syphilitic virus is conveyed not only by the ulcerous secretion, but also by the blood itself, as has been proved by the inoculations of Pellizari, and, again, quite lately by the Rivolta epidemic. The non-liability to recurrence is a law in this disease ; the action of syphilitic virus on the organism deprives it of susceptibility to this poison ever after. A patient who is really cured of syphilis continues proof against further infection. Syphilis is to be classed under the head of dyscrasia, since the characteristics which are common to all the dyscrasiæ, viz., the possibility of being latent and a hereditary character, are found in syphilis.

Now, as to the diagnosis of syphilis, and especially the distinguishing it from chancre, this is grounded on symptoms which come on in a definite period, and a consideration of them collectively furnishes us with the diagnosis. The first series of these symptoms announces itself by infiltration of the tissue on the seat of infection, afterwards by infiltration of the lymphatic glands, and by hyperæmia and exudation in the follicles and papillæ of the skin and mucous membrane. These processes are developed within six or, at the most, twelve weeks, and form, to a certain extent, the acute stage.

Zeissl even affirms the existence of a syphilitic eruptive fever with the following characters: The patients feel well all day, or at most complain of weariness, grow paler, get feverish towards evening, and, after the fever has subsided, fall asleep towards midnight, perspire, and feel relieved by moving. This continues, with the disturbances common to other fevers, for some days, till the eruption comes out; the temperature of the body is not raised, the thirst is moderate, wandering pains occur in different parts, especially the head. This fever shows itself from eight to nine weeks after infection, if the patient has no medical aid; after *Mercury* or other remedies, it either is deferred or diminishes in intensity. The second series of symptoms forms the chronic stage: there appear exudations (pimples larger or smaller, scales, pustules, ulcers) on the skin and mucous membranes (especially in the region of the anus, on the investing membrane of the mouth and throat, scalp, forehead, palms of the hand and soles of the feet), and in the internal organs (to wit, in the muscles, bones, nerves, liver, lungs, spleen, kidneys, &c.). This chronic stage has an indefinite duration, and does not necessarily follow the acute stage: it seems to be influenced by individual circumstances—oligæmia, hydræmia, tuberculosis, malaria, and by external agencies, especially medical treatment. The disease causes death only indirectly, by affecting internal organs, causing defective nutrition and consequent diminution of resisting power. The study of it is simplest in males. On a spot apparently uninjured or only slightly abraded, a sharply defined hyperæmia and thickening is developed in two to four weeks after infection; the nearest lymphatic glands swell and harden without pain, and then gradually follows a general swelling of the lymphatic glands (hard indolent tumours) in the space of three to six weeks. Subsequently remote glands swell also, and at the same time, or still later, a papular exanthem shows itself, with an affection of the mucous membrane of the mouth and throat resembling catarrh, but it never amounts to actual ulceration. The period of the general glandular swellings and the eruption terminates with the

sixth or ninth (in rare cases continuing to the twelfth) week. One can recognise syphilis with probability in the third week after the induration and indolent glandular swellings, but in six weeks one can venture on the diagnosis decisively. The characteristic of syphilitic induration is the indolent glandular swelling which Professor Wagner has indicated as new formation of a peculiar kind under the name "syphiloma." The collective series of symptoms permits a positive diagnosis; pressure, pinching, and friction produce solutions of continuity, which under the action of caustics often increase and exhibit themselves as ulcers; or else simultaneously chancrous pus may be introduced, which may happen either along with the syphilitic infection or subsequently: such admixtures undoubtedly exist. In the case of females, the primary form most commonly observed consists in infiltration of the mucous, hair, or sebaceous follicles and the papillæ of the skin in the form of pimples (papulæ) from the size of a hemp-seed to that of a lentil, which are commonly taken for ulcers: such papulæ occur on the tibia, perinæum, around the anus, on the surface of the thighs, or the vaginal portion of the uterus. To these papulæ is added infiltration first of the neighbouring and then of the remote lymphatic glands, followed by the papular eruption; hence the papulæ are identical with the syphilitic sclerosis. Besides mechanical injuries which favour the disposition to ulceration, sometimes the combination with chancre occurs. The acute stage of syphilis has a constant and invariable course which cannot be altered by any known medicine. With this acute stage the disease in many cases terminates; in other cases, where all external influences are alike, it proceeds to the development of the chronic stage, which seems to consist in a complication with other diseases. It is especially tubercular and scrofulous diseases, and affections of the spleen, liver, and kidneys, that produce these complications. Many of these forms at least seem incapable of being ascribed to syphilis exclusively.

The distinction between chancre and syphilis is shown in the following parallel columns :

1. *Chancre virus* is a secretion of the soft chancre and the suppurating bubo.

2. It can be communicated by inoculation ; a pustule shows itself in twenty-four hours, and from this a soft ulcer (chancre) is developed.

3. The action does not pass beyond the lymphatic glands of the immediate neighbourhood where a bubo may be formed ; it is local.

4. Syphilitic patients and healthy subjects are equally liable to the infection of chancre.

5. The secretion of chancre can always be inoculated (unless it be destroyed by incipient cure or gangrene) either on the patient himself or others.

1. The *syphilitic virus* exists in the secretion of the indurated ulcer of the mucous membrane, and other syphilitically affected parts, even in the blood of the infected.

2. After an incubation of three or four weeks after inoculation or infection, there is developed a tubercle which may become an indurated ulcer.

3. The syphilitic sclerosis, or indurated ulcer, is at all times the product of constitutional syphilis ; it is therefore never a local affection.

4. A syphilitic patient can never take syphilis a second time.

5. Only those who have never taken syphilis can be infected by it ; the secretion is not inoculable on the patient himself.

The main characteristics, therefore, of syphilis are, in every case, the long incubation (three to five weeks) and sclerosis. It is still to be especially kept in view that the view hitherto entertained of syphilis being always present when inoculation of the secretion takes (*i. e.*, causes an ulcer), is untenable, inasmuch as the positive effect of inoculation (that is to say, on the diseased individual himself) speaks directly for the non-syphilitic nature (the so-called "soft chancre").

These are, in a few words, the most essential points up to this time established amongst the above-named syphilidologists as the result of their observations and researches. It is true that the body of pathologists are far from unanimity on the subject. There are not a few who partially, or even in the main, hold a very different view. Thus, for instance, Hebra (whose judgment, although coarsely materialistic, is yet always based upon sound sense, and never to be entirely slighted) is of opinion that the primary, secondary, and tertiary syphilis are perfectly alike in kind, and present nothing but various grades of one and the same process. Every syphilitic eruption is, according to him, under certain circumstances, capable of being communicated by infection: as long as the maculæ, papulæ, tubercles, or vegetations are covered with dry layers of epidermis, these form a bar to infection; but as soon as the protecting coats of epidermis soften, the syphilis can be communicated. "*Contagium syphiliticum non agit nisi fluidum.*" Secondary and tertiary symptoms need not of necessity have been preceded by a primary ulcer.

A still more divergent—nay, downright opposite—view is notoriously taken by Dr. Herrmann, of Vienna, head physician to the Wieden Hospital, who for years has denied the existence of a constitutional syphilis, and will have it regarded as nothing more than chronic hydrargyrosis. By hundreds of cases (having treated 6000 without *Mercury* from August 1st, 1858, to January, 1864) he insists on having established the fact that pustular eruptions, ulcerations of the throat, cutaneous serpiginous ulcers, and diseases of the bones, belong unequivocally to hydrargyrosis, and have nothing in common with syphilis, as was corroborated by electrolytic experiments.

Herrmann's view is, however, too paradoxical, in spite of the obstinacy and pugnacity of its author, to find many adherents; and Hebra has only given a very partial attention to this question, or at least he has not investigated long enough nor exclusively enough to be a special authority, as he is in purely dermatological questions. In short, the facts above communicated may justly be ac-

cepted as the result of the reseaches hitherto made ; and if we judge impartially and overlook a few extravagances, we must also acknowledge that the question, if not thereby absolutely closed, yet is at any rate brought tolerably near to decision. We homœopaths, who are wont to regard all physical and pathological reseaches only with the eyes of therapeutists, and, with a truly Jewish consistency, are solely and exclusively interested in the actual value of all results in therapeutic coin—we homœopaths, I say, have reason to take great interest in the development and settling of the controversies under consideration. For if, for instance, it should prove to be a fact that the so-called soft chancre is merely a local affection, having nothing in common with syphilis, and can never be followed by syphilis, then a good part of our clinical experience respecting the alleged cure of syphilis by *Merc.*, *Ac. nitr.*, &c., would at once lose greatly in significance and value, because the cure of the so-called “primary syphilis” and the prevention of “constitutional syphilis” are unhesitatingly ascribed to the medicines employed, in many cases where syphilis was not actually present, nor could by any means have followed. However, even if we are not as yet inclined or compelled by duty to acknowledge those new explanations and doctrines on the nature of syphilis, yet, at all events, it would be our duty to make the diagnosis of syphilis with more precision and caution, and not to regard as syphilis every ulcer that arises on the genitals after coitus ; but to ascertain, with every possible exactitude, whether and how far those results are verified. In order to avoid further confusion in the diagnosis and nomenclature, and to lay down simpler and more exact nomenclature of disease, I insert here what Friedberg advances on the subject.

He tells us that gonorrhœa, chancre, and syphilis are, in fact, very different diseases ; all three are consequent upon coitus for the most part, and appear upon the genitals ; all three are infectious each in its own peculiar way. As all agree in this, they ought to have one name in common, say *venereal diseases*. Clap and chancre are *local venereal*

diseases; clap would be *blennorrhœa venerea localis*, or *blennorrhœa venerea strictly so called*; chancre, *ulcus venereum locale*, or *ulcus venereum strictly so called*; syphilis would represent the *constitutional venereal disease*—*morbis venereus constitutionalis*, or *dyscrasia venerea*.

In no case can it be quite uninteresting to us homœopaths to ascertain what the above-mentioned syphilidologists think of the treatment of these three diseases, and what they have deduced from the immense mass of their observations. According to Von Bärensprung, the treatment of soft chancre consists in local remedies, mild caustics, frequent and large compresses soaked in weak mineral solutions. *Mercury* is quite useless—nay, injurious (here Sigmund and the rest fully coincide with him). In the case of hard chancre (syphilis), on the contrary, local remedies are useless (even caustic and excision in the most recent cases); the cure takes place in the sixth week, or later still when the remote symptoms (roseola, angina, condylomata) show themselves, whether there has been local treatment or not. On the other hand, general remedies have a surprising effect. Starvation and purgative treatment, and *Sarsaparilla*, hasten the cure. As for *Mercury*, it certainly resolves the indurated ulcer in a shorter time, but it is attended with essential disadvantages. *Von Bärensprung* has given up mercurial treatment, because he has satisfied himself that in no form, in no quantity, and with no method does it prevent relapses. Some of the patients got well under it in this way; the relapses became gradually milder and milder, and the patients left some of the constantly recurring symptoms to themselves, whereupon these gradually disappeared. This is the favorable course. In others the syphilis is not alleviated, but protracted, in tertiary, often incurable, forms; or else remains for years in the latent form, and suddenly breaks out again. The non-mercurial treatment has a different result in persons previously mercurialized and those who are not. Patients who had failed to be cured with *Mercury*, get better under *Iodine*, *Sarsaparilla*, bathing, courses of mineral waters, or the water-cure; the extinction of the dyscrasia requires a

longer time than in cases never treated with *Mercury*. Frequently relapses after a longer latent period occur, and require a persistent or repeated treatment. Patients who have never had *Mercury*, never have a long latent condition under non-mercurial treatment, in them the definite cure occurs earlier. Under *Mercury*, the indurated ulcer itself is cured in fourteen days; under non-mercurial treatment, seldom in less than four to six weeks; but in the latter relapses will show themselves in six weeks at latest, so that one can pronounce such a patient cured if no fresh symptoms appear in three months after the treatment; whereas under *Mercury* a latency of years' duration may follow the medicine. Besides, the relapses which do occur after non-mercurial treatment are always more favorable, whilst the others, after a longer latency, are often of a destructive character. Von Bärensprung has never, under non-mercurial treatment, seen the so-called tertiary forms arise in his wards. His course consists in low diet (*Entziehungskur*) and *Zittmann's decoction* for four to six weeks; but this suffices in only a few cases: relapses occur, but these are often so trifling that a regulated diet, laxatives, and *Sarsaparilla* suffice. In the majority of cases, however, he has to repeat the starvation course after some months, and in exceptional instances a second or third time. Such obstinate cases resist mercurializing also, and under it degenerate into destructive forms. It is generally chlorotic or tubercular subjects that resist every mode of treatment. Mercurializing has the advantage of curing individual symptoms more rapidly, but the double disadvantage of favouring destructive local forms (by deterioration of the constitution), and of procrastinating the definite cure for a long period by latency. Non-mercurial treatment cannot prevent the appearance of some symptoms, and is long in inducing their disappearance, but never masks the disease, and cures definitely. (*Annal. d. Berl. Char.*, x, 1).

Hebra saw not only primary, but also secondary and tertiary forms disappear under the most diverse remedies and methods. In his opinion, these forms also get well

under a totally unmedicinal treatment, only in a longer time ; true syphilis can get well spontaneously. Syphilization, vaccination, hydropathy, homœopathy, baths, the dry bread cure, &c., do not cure syphilis ; it is not *by means* of these remedies, but simply *during* their use, that syphilis gets well spontaneously. Some especially obstinate cases, especially ulcerous syphilids in whom the antisyphilitic remedies did not succeed, he treated successfully with *Zittmann's decoction*, of the efficacy of which he previously entertained no high opinion, until the decoction of *Bardana* with infusion of *Senna* and *Epsom Salts*, which was employed in its stead, disappointed him. He communicates the history of twenty-eight cases where this method was employed, in both robust and delicate individuals. At first the patients had more frequent evacuations (followed by costiveness in some cases), with increased diuresis and diaphoresis ; most of them increased in weight, very few fell away. Hebra accounts for the action of *Zittmann's decoction* by its containing corrosive sublimate. Whilst earlier chemical researches had led to the conclusion that no *Mercury* was dissolved out of the nodule (of *Calomel*, *Antimony*, and *Cinnabar*) used in the preparation of *Zittmann's decoction*, according to the experiments of Professors Lindwurm and Veit, the "decoct. Zittmanni fortius," when most carefully filtered, contains small quantities, and when not filtered considerable quantities, of corrosive sublimate. Hebra also tried, in the case of a female, the subcutaneous injection of corrosive sublimate. In twenty-five weeks fifty grains were injected (one grain in one drachm of water twice a week) ; no symptoms of hydrargyrosis occurred, and the patient did not keep in bed at all (*Allg. Wiener Med. Ztg.*, 1861, No. 29 to 31).

As regards my own personal view, and especially the trials made at the Dispensary, I must avow that the latter are in the first place too trifling compared with the immense data of these syphilidologists, and, secondly, on account of the difficulty of keeping up pure and long-continued observation amongst Dispensary patients, they are essentially too unreliable to enable me to conclude for or against these new

views : besides, my own acquaintance with them is far too short to justify me in attaching any particular weight to my trials up to the present time. My firm resolution, however, is not to let the thing go out of sight, but to follow it up further with zeal. What I have hitherto observed for years past (for the most part before I was acquainted with the above results), and have in part communicated in the Dispensary annual reports, agrees thoroughly in many respects with the new theory, which now renders in a great measure clear and consistent much that was mysterious and obscure.

Thus it had been always incomprehensible to me why the self-same medical treatment had, in most chancre ulcers, a successful issue without any secondary symptoms, and in others, on the contrary, was unable to prevent them in the slightest degree. Though I had long ago read and experienced that the indurated ulcers in particular were obstinate and showed a tendency to constitutional syphilis, yet cases not so unfrequently occurred to me where, on the one hand, such ulcers got well pretty soon without sequelæ, and, on the other hand, secondary syphilis broke out after soft ulcers. This may always have been owing to my then insufficient distinction between hard and soft chancre, for of late I have never seen constitutional syphilis arise after soft ulcer ; but I am also tolerably confident that I have in some cases undoubtedly cured hard chancre without sequelæ. Now, was this the result of my treatment or of my incorrect observation, or may it be that the theory is not quite trustworthy ? On this question I cannot yet finally decide, but hope still to come to a sure result. That soft chancres get well under mere local treatment—nay, without any at all, and that without secondary symptoms—I have certainly observed many a time, not in my own practice, for I have not hitherto considered myself qualified to be a passive looker-on in the question, but in the practice of other medical men who are not homœopaths.

As to the treatment of constitutional syphilis, my experience does not in the least militate against the new views ; I have unhappily seen enough of cases in which my treat-

ment has not hindered the outbreak of constitutional syphilis after hard ulcer: I have also often enough experienced (what I have never made any secret of) that the cure of constitutional syphilis is very tedious and uncertain, with occasional relapses; and it generally takes such a course that one can rather recognise a gradual abatement and wearing out of the disease than a direct cure, although a distinct curative influence of the remedies upon the existing morbid symptoms was frequently observed—nay, to a certain degree invariably followed.

I have not the least doubt that there are actually two fundamentally different kinds of ulcer, one of which gets well with or without medicine and without sequelæ; the other, whether with or without medicine, causes constitutional syphilis. The characteristic distinction between these two seems to be undoubtedly the induration. That simple gonorrhœa (without ulcer or induration) is invariably a disease *sui generis*, and has nothing in common with syphilis, has now been recognised for many years and avowed by most homœopaths.

But as to the treatment of constitutional syphilis, I believe I am justified in saying that, in by far the majority of cases, *Mercury* is the indispensable remedy, though I must unreservedly add that with *Mercury* the cure is but tedious, and is often accompanied with relapses and new phases, and that other specifics, as *Iodine*, *Aurum*, &c., are sometimes necessary to meet given symptoms. Also, I can by no means deny that even constitutional syphilis may gradually pass off and a perfect cure result under other modes of treatment, as hydropathy, sudorifics, laxatives—nay, often without any medicine at all; nor, again, that there are syphilitic cases which are not at all benefited by *Mercury*, but only injured.

THE VIENNA EXPERIMENTS ON ANIMALS WITH BRYONIA.*

THE following experiments with *Bryonia* upon animals were carried out partly by the dentist Loewy of Vienna, partly by Dr. Mayrhofer of Kremsmünster.

Loewy made his experiments, six in number, upon rabbits and dogs.

1. On the 9th of May, at 8 o'clock in the morning, 60 drops of tincture of *Bryony* were administered to a rabbit 8 months old.

It immediately afterwards shook its head violently, hiccupped, and much tough saliva flowed from its mouth. An hour later it squatted with bowed back in a corner of its hutch. Its sides began to swell up; the breathing and pulse were quickened. In this position the creature remained nearly three hours, during which time the whole body frequently trembled. It could only be driven from its place with difficulty. When moving it dragged itself along; the eyes were sunken; the motions increased, black and watery; no appetite. At 4 p.m. the creature seemed more lively, ran about in its hutch, and drank often.

May 10, forenoon.—Except weakness and increased action of the bowels, there was nothing abnormal to be observed about the animal. It then took 80 drops of the tincture.

Similar appearances to yesterday, only the stools more frequent and fluid. After several hours the animal crawled about the room, drank very often, and ate its food greedily, namely, apple-parings and oats.

11th, morning.—100 drops of the freshly expressed juice of the *Bryonia dioica*. The creature became immediately restless and fidgety. Half an hour later it seemed weak. It laid itself first on one side, then on the other, and foamed at the mouth. The sides became excessively blown out. Thick fluid motions were frequently passed, and then the swelling of the sides subsided, but these were soon blown out

* *Austrian Journal of Homoeopathy* (translated by Dr. F. B. Hutchinson).
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again. Two hours after taking the drug it began to tremble all over the body, drew its hind legs, as if cramped, up to the body, and remained in this position nearly three hours, during which time the strokes of the heart and pulse became very frequent, the breathing quick and laboured. Toward evening, when the animal was disturbed, it limped about on its legs and drew the right hind foot up to its body, but soon tumbled over as if dying, with a rattle in the throat, and so remained in its house the whole night.

On the 12th of May, at 8 a.m. it lay on its legs, breathing extremely fast, the eyes closed, the heat of skin increased, pulse and heart greatly accelerated. At 1 p.m. it died with violent convulsions.

Sectio-cadaveris.—The skin was very easily removed from the body ; the superficial veins, particularly those about the back, engorged with blood, the descending vena cava distended partly with coagulated, partly with fluid blood ; the vessels of the mesentery and those of the respiratory mucous membrane extremely injected ; the liver full of blood, of dark brown colour, and very friable ; the stomach distended, and its mucous membrane easily peeled off in some places ; much serum in the cavity of the chest. The pleura toward the spine a pale red throughout ; the under halves of both lobes of the lungs coloured like dark red meat, not crepitant, sinking quickly in water ; the apices of both lungs float, and yield, when pressed, a foamy, reddish liquid. The left side of the heart empty, the right full of coagulum, the fold of peritoneum covering the omentum traversed by a fine network of vessels ; the diploe of the skull reddened ; the arachnoid traversed by delicate vessels.

2. On the 28th of June, at 9 a.m., 80 drops of the freshly expressed juice of the *Bryonia alba* were given to a rabbit 6 months old. Half an hour afterwards the animal became restless and leaped about ; it then vomited the greater part of the swallowed drug. Two hours later it passed a quantity of fluid dung, and became so weak that it could hardly stand upon its feet. The breathing very rapid, the mouth open, and tongue lolled out. Three hours later still it lay upon its feet, breathing very fast, and yellow foam

flowing persistently from the mouth. The sides swelled up; heart's action quickened. At 5 p.m. in the same condition.

June 29th, 9 a.m.—The animal has ceased foaming; it lies with head upon its forefeet, often opens its mouth; breathing and pulse quickened; the sides somewhat fallen in, the stools diminished; no appetite.

Afternoon, 3 p.m.—The creature gets up frequently and runs about in its house, at the same time it sways about and shows how altogether weak it is. It does not vomit any more, and begins to munch some apple-parings. The breathing is still quick, but much less so than yesterday; thirst moderate; the sides fallen in. Heart and pulse quickened. The looseness is stopped, but the motions still semifluid.

June 30th, at 9 a.m.—Except a little weakness, there was nothing abnormal to be observed about the animal. It now swallowed 100 drops of the freshly expressed juice of the *Bryony*. Immediately after deglutition it began to choke, and vomited with the most violent exertions the greater part of the drug. It trembled all over, breathed very fast; both sides became distended; the heart's action was greatly quickened; the pulse hardly perceptible in the temporal arteries; eyes wide open, pupils dilated. At 4 p.m. the animal lay motionless, breathing fast. It could not be driven from where it lay. The sides were perfectly tympanitic. No action of the bowels. In this condition it lay till 9.30 p.m. when it died apparently suffocated.

Post-mortem, July 1, 20 hours after death.—The superficial veins about the chest greatly injected; the muscles coloured red; the oral mucous membrane reddened and dotted with discrete ulcers; the gullet slightly inflamed; the stomach pale outside, the mucous membrane reddened and wrinkled, easily peeled off; the intestines distended, containing yellow fluid ingesta. The mucous membrane reddened, and here and there marked with black spots; kidneys healthy; omentum throughout traversed by fine vessels full of blood; liver reddish brown, friable; bladder empty. The lungs externally brownish red, with separate

blackish-red spots, which extend into the parenchyma. The same portions of lung in which the spots are found, sink quickly in water. The right chambers of the heart full of black fluid blood, the left containing about half a teaspoonful of fluid blood; the mucous membrane of the trachea traversed here and there with red vessels; the arachnoid in some places reddened. In some portions of the spinal cord, specially in the lumbar region, there were single reddish spots perceptible.

3. On the 3rd of July, 140 drops of the fresh expressed juice of *Bryony* with half an ounce of water were administered to a black, moderately large, rabbit of five months old. The animal at once moaned dolefully. At 10 o'clock it threw up food mixed with fluid; there was no appetite throughout. It appeared much prostrated. Heart's action quickened. Only when forcibly driven would it move from one place to another. At 9 o'clock it lay very weary; had several motions; the breathing was very quick; heart's action frequent and jerking; the sides swelled out; the extremities drawn up to the body. When any one tried to make it move, it fell over on one side.

July 4th, at 10 p.m.—It lay on one side, was remarkably faint, and could not move at all. The pulsations of the heart were scarcely perceptible; the sides swelled out, but flaccid to the touch. The extremities drawn up to the body, but could easily be drawn away from it. The breathing greatly quickened and rattling. Death at 12 o'clock.

Post-mortem, on the 4th, at 5 p.m.—On the inner surface of the skin corresponding to the chest, arborescent vascular injection. The terminations of the great venous trunks form numerous anastomoses. The vessels of the cerebral membranes distended with blood; the brain healthy; the tongue on its upper surface spotted with red and yellow, the mucous membrane and these spots with it easily peeled off; the mucous membrane of the œsophagus of a reddish colour; the lungs of a reddish-brown, and studded with dark spots, which penetrate into the substance, and are darker when cut into. The lungs crepitate little when incised and pour out a considerable quantity of dark fluid.

Several portions sink in water. The chambers of the heart and the great vessels contain a considerable quantity of thick, fluid, blackish blood. The liver red and full of blood, but externally only slightly reddened. The mucous membrane of the intestines inflamed and studded with little ulcers.

4. May 24th, 9 a.m.—To a strong tolerably large dog was administered half an ounce of *Bryony* juice with a little water. Half an hour afterwards he was taken with severe retching and restlessness. An hour later the retching became much more violent and accompanied by whining. The animal breathed very fast, the pupils dilated; he moved about freely with the head resting upon the chest. Two hours later began to vomit very violently, and brought up his food taken the day before. So long as there was food in the stomach he seemed to vomit more easily, but when it was emptied he suffered very severely, and whined when each attack of retching began, but in spite of all his endeavours was able to bring up nothing but greenish mucus, which was followed later by entire flocks of mucous membrane. His walk began to be unsteady. At 6 p.m. he lay as if stupefied, and could only with difficulty be driven away from his bed. He left all food laid before him untouched, but seemed all the more to desire water, which he drank greedily, but only a little at a time. Both sides were fallen in and painful to the touch. The pulse and cardiac action, like the breathing, greatly quickened.

25th, 9 a.m.—The animal lies exhausted and mournful. Diarrhoea. The motions at first pasty, afterwards watery, brownish yellow; the pupils dilated. The flanks fallen in; the breathing much quickened; pulse and heart very fast; no appetite; great thirst. 4 p.m. no remarkable change. The animal lies constantly weak and faint, but seems to have more appetite than it had yesterday.

26th, 10 a.m.—The former appearances in a less degree. Appetite increased; thirst moderate; the walk more easy; breathing still quick, rattling, as if there were mucus in the trachea; heart and pulse quickened.

1½ ounce of the fresh juice.—The mouth was immedi-

ately filled with foam, and the animal howled with pain. Half an hour later he vomited, with the most violent retching, food mixed with fluid. The retching lasted the whole day, and masses of flocculent mucus and membranous coagula were thrown up. The pulse and heart began to be greatly quickened. The creature was very mournful, showed no appetite, but much thirst, though unable to swallow water. 4 p.m.—He lay on one side, was particularly weak, and when forcibly driven, could only keep his feet with the greatest difficulty. Heart and pulse very fast and jerking; breathing quick. The motions very frequent, of a greenish colour and fluid consistence.

27th, morning.—The same appearances as yesterday, only in a higher degree.

28th, 11 a.m.—The animal breathes very fast, and lies as if lifeless on his side; lets himself be moved in various positions without resistance. Heart's action and pulse scarcely perceptible. He died without any signs of convulsions at 1 p.m.

Post-mortem, 20 hours after death.—The lungs show upon their surface cherry-red spots, which penetrate into their substance. When cut into, they give out a crepitant sound, while semifluid black blood runs out. Portions of lung sink in water. The stomach is distended, externally pale red, internally the mucous membrane dull red, occasionally studded with small ulcers. The liver dark brown, firm. The gall bladder collapsed. The duodenum internally inflamed, its mucous membrane of a chestnut-brown colour. The other intestines studded in some places with red points. The vessels of the otherwise healthy brain full of blood.

5. On the 17th of June 100 drops of tincture of *Bryony* were administered to a young dog, the medicine having been mixed with half a pound of water. Half an hour later he spat and vomited. Foam hung out of his mouth. A few hours after taking the drug he lay still, showed no appetite, but excessive thirst. Towards evening he seemed quite lively and ate some meat and bread.

On the 18th of June the dog was quite lively, and hence

was dosed with 150 drops. Immediately after taking them followed vomiting, whining, restlessness, frequent choking, and much saliva flowed from his mouth. The belly fell in remarkably. He let his tail, which he had always been accustomed to carry in the air, fall between his legs; lay down often, breathed fast, and very often hawked up foaming saliva. Towards noon purging of blackish fluid set in. He ate some soup made with bread with little appetite, and lay looking very miserable. The thirst increased. In the afternoon he vomited again and the retching kept up very frequently, which seemed to give him great pain. Towards evening he appeared more lively, and again showed appetite.

19th, morning.—In the night he was very restless, and howled a good deal. In the morning he lay on his forefeet, barked with difficulty and hoarsely, and seemed very weak and miserable. The diarrhoea continued, appetite and thirst increased. In the afternoon no remarkable symptoms.

20th.—The dog is again much more cheerful. The diarrhoea is lessened, the appetite nearly normal; thirst moderate. He carries his tail again as he used to.

21st, morning.—The animal seems quite well again, and gets, therefore, a further dose of 200 drops. Directly afterwards, violent vomiting. The mucus flows very fast out of his mouth. Constant choking, distortion of the eyes, anxious jumping about. Two hours later, black-brown fluid flows from the anus, seeming to give him pain. The sides are remarkably swelled out. Heart and pulse cannot be felt, as he threatens to bite. In the afternoon he breathes very fast, lies exhausted; shows great thirst, but no appetite.

22nd, morning.—The animal lies on one side, breathes very fast; heart's action very quick; pulse hardly perceptible. In this condition he remained till the 23rd, when at 5 a.m. he died with convulsions.

Post-mortem, 24 hours after death.—The lungs collapsed, somewhat oedematous, foamy blood in the lower lobes; the bronchial mucous membrane pale, a little injected in a few places. The right side of the heart filled with a good deal

of semifluid blood ; the left side contained a little similar blood ; the œsophagus somewhat distended, its mucous membrane pale reddish ; the mucous membrane of the stomach reddened extensively in several places ; the spleen almost healthy, only coloured a dark blue at the edges ; the omentum injected a pale red ; in the intestines, yellow-coloured chyme, the intestinal mucous membrane marked in several places with inflammatory redness. The substance of the kidneys dense, firm, dark-brown ; the bladder red externally, empty ; the inner surface of the skull greatly injected ; the cerebral membranes distended with blood even to the finest ramifications of the vessels. The substance of the brain a little softened, with a few red points ; the under surface of the brain strongly reddened.

6. A rather large and strong dog, that with similar symptoms to the foregoing, fell within a few days a victim to *Bryonia*, was on the 26th of June the same year, eighteen hours after death, opened by one of our most experienced anatomists Dr. and Professor K—. The anatomical and pathological results are as follows :

The veins of the skin were much injected, specially those about the chest ; the muscles of the chest as well as the serous membranes lining it were reddened ; several ounces of a reddish fluid were effused into the cavity of the chest. The subcutaneous veins of the neck, even to the finest vascular branches, were very much injected and distended with deep black blood ; the outer and inner muscles of the neck were strongly reddened throughout. The trachea and larynx contained a frothy, yellowish-white fluid ; the mucous membrane, specially that of the larynx, was throughout traversed by a fine network of vessels, which it was difficult to separate from the cartilage.

The lungs were externally spotted a dark brown, slightly crepitant, and when cut into poured out a large quantity of dark frothy fluid. At the same time the separate portions floated in water. The heart was firm in its substance, very red ; the pericardium injected ; the auricles distended ; the right ventricle full of dull, reddish, blackish

coagulum; the left contained a considerable quantity of semifluid blood.

The stomach was greatly distended, externally penetrated by streaks of blood, and contained the remains of the lately swallowed *Bryony* juice. The mucous membrane easily peeled off, and particularly reddened at the folds, in several places apparently infiltrated with blood. The mucous membrane of the duodenum healthy, that of the small intestine beyond contained some greasy, yellowish liquid, which smelt of *Bryony*. Its mucous membrane was studded with spots of congestion. The colon contained a similar liquid, its mucous membrane exhibited likewise fine red spots. The veins of the peritoneum covering the intestines as well as those of the mesentery were much congested throughout in an arborescent manner. The liver was large, dark brown, friable, congested; the gall bladder was full of greenish-black liquid; the spleen anæmic, small and flaccid.

The kidneys, particularly the left, congested, with very fine vascular reticulations, visible on the outer surface; the cortical substance a brownish black. When cut into, it yielded some rather thin, very fluid blood upon the cut surface. The bladder was quite empty, its mucous membrane beset with spots of the colour of muscle. The dura mater throughout, especially that above the base of the skull, congested, hard to be separated from the bone; the pia mater congested in an arborescent form; the brain substance healthy; the ventricles empty.

7. Dr. Mayrhofer, of Kremsmünster, proved *Bryony* on three oxen. He chose oxen for this experiment because *Bryony* (under the name of *Haningswurzel*) is commonly used by the country people and farmers of the circle of Traun, for the so-called "Haningskrankheit" or sclerodermic disease of horned cattle.

The opportunity presented itself on the property of his brother, where there is a large farm, and where homœopathic treatment has for several years been employed with the greatest success in diseases of horned cattle. The

provings were made with the tincture. The following results are recorded :

“For the first experiment a young, thoroughly healthy bull was selected. He was of a greyish-black colour, and thirteen months old. I examined, first of all, the state of the skin, which was quite soft and lissom, and easily drawn into folds, which, when let go, immediately smoothed down. His hair was smooth and lay flat. The animal got from the 20th to the 26th of May daily, two large teaspoonfuls of freshly prepared tincture of *Bryony* with his drink, which he thus took without hesitation. On the third day, that is, after six teaspoonfuls of the drug, I was informed that the beast was sick. I started at once to inspect my taurine fellow-prover.

“The bull looked extremely miserable ; his coat was rough, erect, bristly ; the skin had lost its mobility, and when pinched up into a fold (over the shoulders and ribs) a crackling and creaking sound was clearly heard, and the folds of skin which had been pinched together, remained for some time in that state before they went down. The appetite was little altered, and the dung became somewhat drier. The *Bryony* was continued three days longer, when, as all the symptoms heightened, and the bull became visibly thinner, the dairymaid refused to give him any more *Haningswurzel*. Eight days later, during which the maid had mixed some must with his drink, he was as well as before the proving.

“A fawn-coloured two-year old heifer, which had gone through a mild attack of *Haningskrankheit* a short time before, as was apparent from the dry skin, got daily from the 23rd to the 26th of May a teaspoonful and a half of tincture of *Bryony* with her drink.

“Even after the second dose the skin became creaky, so that it must have hurt the beast to pinch it into folds, for whenever this was done she butted with her head and struck with her hind hoof at the hand of the experimenter.

“On the third day the skin was less hard and painful, and although the creature got daily the same dose of *Bryony* in her drink (eight doses altogether), the complaint steadily declined after the primary exacerbation, and a few days

after the *Bryony* had been given up, the skin was healthily smooth and mobile.

“A three-year old, perfectly healthy cow, a few weeks after her first calf, was submitted to a proving of *Bryony*. She got from the 1st to the 10th of June ten doses of the drug, each time two large teaspoonfuls.

“The first five doses had no visible effect. On the 6th day the skin became dry and adherent. On the 8th the hair bristly and knotty; and on the 10th, the milk (daily five quarts), had diminished one half, and as the cow was becoming emaciated, the proving was stopped.

“Not till after three weeks did the cow regain her healthy look, and the milk was lessened in quantity a still longer time.”

The account of these experiments is concluded with the following history of a case of haning sickness :

“A five-year old cow had had scleroderma for eight weeks in a high degree. The skin lay close upon the body, the hair was bristly, the milk scarce, and the emaciation remarkable. The cow got four times a day daily for fourteen days, a drop of tincture of *Bryony*, after which visible improvement set in. But when the *Bryony* was given up, the symptoms of haning sickness set in again more strongly. *Bryony* was therefore given to the sick cow for a week, and not only internally, but she was also washed all over daily with a diluted decoction of fresh *Bryony*, whereupon the disease ceased.”

CHELIDONIUM MAJUS.

By Dr. O. BUCHMANN, of Alvensleben.

(Continued from Vol. XXIV, p. 604.)

The forms of disease corresponding to the pathogenetic effects of Chelidonium.

We gain the best view of the diseases represented by *Chelid.* by dividing them into three groups: infectious

diseases, neuralgias, and inflammations, irrespective of the organs affected, and when we consider the other forms as appendages to these groups.

With reference to the first group, we must take for granted that *Chelid.* produces an alteration of the blood similar to that caused by some miasms, and is thus raised to the rank of an epidemic remedy for such diseases (influenza, whooping-cough) which are not looked on as infectious diseases, though they occur epidemically. This is so far of importance that we may frequently have occasion, during the prevalence of an epidemic curable by *Chelid.*, to give the preference to this medicine in quite different diseases, where another remedy would seem to be indicated.

It is, indeed, the highest aim of the physician, which, though from time to time striven after, yet ever continues to be unattainable, to guard men from infection by epidemic influences. Now, if certain morbid conditions exclude a sickness of that kind, why should not a medicinal disease also have this power, whereby the precise systems and organs especially affected by the irritation of a miasma may be blunted to its influence?

There is no other medicine in whose pathogenesis the symptoms of most epidemic diseases are so sharply reproduced as by *Chelid.*, which presents us its golden milk, not from abroad, nor in fields and woods, but in every hedge, on every fence, every wall.

The wonderfully rapid curative effects of *Chelid.* in all external neuralgiæ in which I have employed it, justify me in recommending it as the most sovereign remedy in this nervous disorder, which usually defies all attempts at allopathic cure.

In the third group, the inflammations of the skin, mucous and serous membranes, motorial system, and parenchyma of the intestines, the proof, *by physiological experiment*, of the *internal connexion* of these inflammations, which are apt to occur both as complications and as vicarious, will obtain a new triumph for our method over the allopathic school.

1. MENTAL AFFECTIONS.

Although the effects on the mind are not numerous, and I have in my proving remarked nothing but great absence and forgetfulness, and in my wife's case nothing but the fancy of being unable to think, and the fear of losing her reason, we must, however, if we take into account its great effect on the spirits, turn our thoughts to *Chelid.* in cases of mental affections, when the previous or existing corporeal disturbance also points to that remedy.

Rademacher, however, has cured mental affections by *Chelid.* alone, where there was suspicion of liver complaint.

In the following case of mental disease I have myself observed the curative power of *Chelid.*:

Dorothea D—, of N—, æt. 22, previously always healthy, and regular in catamenia, strongly built, and with fresh colour, came to me on June 20th, 1862, with anxious, disturbed looks, and told me, when questioned, that she was no longer right in the head, and feared to become quite crazy, having fearful anxiety day and night, and no rest, as if she had committed a murder. This state had continued for five weeks, and had daily become worse. She had already been to me once or twice without finding me at home; and she begged me to tell no one about her state, and to say whether there was any cure, or whether she would lose her reason entirely. Her anxiety allowed her no rest at any employment, and quite took away her appetite, nor had she any thirst. She often felt giddiness, as if she must fall forwards, flying heat in the face, and violent palpitation; with tightness of the chest.

On further questioning, she could report nothing more, except that she felt a somewhat bitter taste in her mouth. She described her stools as hard and whitish yellow.

The *scrob. cordis* and left hypochondrium were sensitive on pressure. Gave *Chelid.* 6 every three hours.

July 19.—She came and told me that the very day after taking the medicine she felt much better, and in a few days

was quite well. Since yesterday she felt some traces of oppression of the chest, and therefore came again to me directly, because she dreaded falling back into her former state. *Chelid.* 6 three times a day.

After some days she felt quite well, and up to September had no further attack.

2. EXTERNAL NEURALGIA.

In the summary of the physiological effects, the nerves of sensation were mentioned as those chiefly irritated by *Chelid.* This irritation corresponds strikingly to several neuralgiæ of frequent occurrence.

We shall hardly find wanting a single symptom expressive of hemicrania depending on hyperæsthesia of the brain. With this are combined the sufferings characteristic of neuralgia cervico-occipitalis; and the semi-lateral pains proceeding from the first two branches of the fifth pair which give us a true image of prosopalgia.

The ordinary phenomena in the vascular system accompanying these neuralgiæ are not wanting in the provings, nor are the reflex phenomena in the motor nerves. Besides these, there are the cervico-brachial and intercostal neuralgiæ, which will often prove curable by *Chelid.* In symptoms so similar, our confidence in the efficacy of the remedy will not be disappointed, unless organic morbid growths are at the bottom of this ailment, which, as a rule, render a cure impossible. Even in such cases, we shall succeed in alleviating and shortening the attacks.

As specimens of rapid cure of prosopalgia, the following cases may serve.

OBSERVATION I.—Two cases are reported by Kanzler.

During the prevalence of the disease noticed by Kanzler as curable by *Chelid.*, a working man complained, on April 29th, of pain in the head, which was seated in the left side of the head and face, and ceased as if it was cut off at the septum nasi and the middle of the forehead.

It was very violent, for the man, though usually hardy, whimpered, and had already passed two sleepless nights. He took *Tinct. Chelid.* 5 drops every hour. The pain in the course of April 29th and the following night raged with the same violence; by noon, April 30th, it had diminished, and in the night of April 30th to May 1st, becoming continually easier, it ceased. Afterwards by continuing the medicine, it kept away.

OBSERVATION II.—A man, æt. 48, had suffered for four days, at first at 3 o'clock, then at 6, and lastly at 8 a.m., from violent raging pains above the edge of the right eyebrow, drawing through the eye to the cheek and jaw, till 8 p.m., when complete intermission took place.

February 11th, 1849.—When I first saw him, his tongue was coated white, mouth dry, taste pasty, no stool for three days, urine bright yellow, clear, and acid. Half an ounce of *calcined Magnesia* produced several thin watery stools, but had only the effect of removing the symptoms proceeding from acidity, viz., the taste, the dryness, and the coating of the tongue. The fits of pain continued uninterrupted.

12th.—I gave 30 drops of *Tinct. Chelid.* as daily dose, whereupon the fit at first became slighter, and on February 14th ceased entirely.

In the *Homœopathic Journal* of Madrid, *El Criterio medico, periodico official de la sociedad Hahnemanniana*, No. 10, May, 1861, Dr. Firmat communicates five cases, where the peculiar neuralgia of the eyebrows and temple was cured by *Chelid.*

I have myself observed the rapid cure of a case of pro-sopalgia.

F—, of E—, a widow, æt. 44, has ceased menstruating for seven years, and for three years has suffered from rheumatism in the hands, the wrists having become especially swollen, and on change of weather painful. A year ago she was ill for ten weeks of pneumonia. For the last nine weeks periodic tearing pains in the left eye set in suddenly; and at the same time the swelling and pain in the hands ceased. The pains came on most violently in the evening in bed, and gradually extended to the left zygoma

and the teeth, the left side of the forehead close under the eye, and the left temple.

At first she could press the temple with her hand to alleviate the pain ; but was soon unable to endure the slightest touch.

After the pains had continued thus for three weeks, they became more violent, and never entirely left her any more.

The eye was inflamed, grew sensitive to light, and saw but very indistinctly. She had a feeling like sand in it, and tears constantly flowed over her cheeks. Her head was as heavy as lead, and the pains extended towards the left occiput ; the left half of the nape was stiff, and during the periods of exacerbation, her head was drawn across to the left, and the nape felt as if broken.

With each succeeding week the pains grew more violent, so that the neighbours could hear the cries which she uttered on feeling as if her eyes were pierced with knives ; with this her appetite fell away, everything tasted bitter ; once only in four or five days hard whitish stools occurred. She was constantly chilly ; but towards evening got very hot in the head and left eye, with red cheeks. Towards morning, a profuse general perspiration set in, so that the bed was wet through. She grew thin, and so weak that she could no longer walk alone. To this was added pain in the left shoulder with powerlessness of the left arm, which she had to keep close to her body, because the attempt to move it caused a sensation in the left shoulder as if it was breaking off. When the pain grew more violent, great nausea supervened, then eructation, which relieved the pain, if she lay down without moving at all. Every day fits of difficulty of breathing and constriction of the chest occurred repeatedly.

For the last week she could not open her eye at all. In this condition I found her March 27th, nine weeks after the original attack. She had been treated with leeches and blisters by a physician, but had taken no medicine. She could only get out of bed with assistance, in order to have her eye examined. Her face was pale, her features

relaxed and sunken. The left eye seemed somewhat sunken, and the lids could only be drawn asunder by me with difficulty, when tears flowed over her cheek. The conjunctiva bulbi was much inflamed, and the eyelids sore and swollen.

Gave *Chelid.* 6, six globules three times a day.

March 30th.—Received news that the patient, after the first dose, March 27th, had slept quietly from evening till 8 next morning, and awoke without pain for the first time these nine weeks.

28th.—She had only slight pains in the eye now and then, and slept well the next night till 4 a.m.

29th.—She went out of doors for the first time since her illness, and felt no more pain.

Since taking the medicine she has felt very thirsty, and drank much water, to which she had had a dislike for three months. No appetite yet. Stools hard and whitish, once only. Gave *Chelid.* 6, a globule three times a day.

April 3rd.—I saw the patient again. Since March 30th, appetite had commenced, and inordinate thirst ceased. She has had no more pain, nor the morning sweat, nor evening fever. Stool normal. The eye is neither sensitive to light nor inflamed, only the lid is still rather red. She can see well again, and her complexion is healthy. She feels quite well, and merely has occasional drawings in the wrists, which do not incommode her.

8. DISEASES OF THE EYES.

In these diseases I call attention to a symptom which showed itself in several provers, is often repeated, and is calculated to lead to the choice of *Chelid.*, viz., the necessity for closing the eyes and alleviation produced thereby, without being compelled to do it by photophobia.

The two names of this plant, “Eclairé” and “Ogenklar,” point to the fact that it was used as a popular remedy in old times for dimness of the sight; the recommendation of Dioscorides may have had something to do with its popular employment. In our list of symptoms we

have both the neuralgic sufferings in the eyes and their neighbourhood (which often precede an opacity of the crystalline lens, and weakness of the power of vision), and the visual power is itself involved; so that we have physiological data at our service. It has proved useful in *cataract*, *amaurosis* and *spots on the cornea*, as is shown by the following cases observed by Von Schallern, in Wendt's hospital at Erlangen.

OBSERVATION I.—A girl, æt. 22, got an opacity in the lens, and wished to have it operated on. She saw as if through a mist; objects appeared double, and the contractility of the pupil was diminished.

The cornea was very clear and bright, and, as the pupil was much dilated, the opacity could be distinctly seen. After a dose of aperient medicine, pills of 2 gr. were administered, made of the inspissated juice of the fresh root, with powder of the same; at first two every morning and evening, which were gradually increased up to fifteen. For pains in the head, which accompanied and were connected with the disease of the eyes, were prescribed daily foot-baths and one bloodletting. After she had taken the pills for some months, her sight was perfectly restored.

OBSERVATION II.—A youth, æt. 15, suffered for some years so seriously from weak sight, that sometimes he could not distinguish letters. The lens was opaque on the right side with a small speck on the cornea. After some gentle aperients he took the above pills, seven per day, washing the eye with *Aq. Stillatitia Chelidonii*, and a few drops of the juice to remove the speck upon the cornea.

In barely two months not only had the speck disappeared, but also the power of vision was so restored, that he could read the smallest print without difficulty.

OBSERVATION III.—A bleacher, æt. 50, who had to watch the bleaching-ground, every other night, both in summer and winter, was seized with a rheumatic affection, which was followed by weakness of hearing and sight, and ultimately amaurosis, whilst the dilated pupils had not quite lost their contractility. At first a perpetual blister was established upon the arm which was the seat of the rheumatic affection,

but without effect. Recourse was then had to the above pills, which, after using them for two months and a half, and at last to the amount of sixteen grains for a dose, had the desired effect. They acted in the first instance on the perspiration.

As the exciting cause (*i. e.*, the night watching) was discontinued, all rheumatic sufferings disappeared at the same time.

OBSERVATION IV.—In another case, the amaurosis was brought on by driving in the ringworm by external applications of red precipitate ointment.

Emplastr. Canthar. mixed with lard and laid on the shaven head produced redness, and pustules, but could not bring out the ringworm again. *Chelid.* did good. There remained mere weakness of the sight, which was removed by washing the eyelids with *Aq. Stillat. Chelid.*, and some *Ammonia*.

OBSERVATION V.—A youth, æt. 18, had suffered as a little boy from a violent fever, after the removal of which a weakness of sight had remained, which was taken by the doctors to be incipient amaurosis; when he presented himself at the hospital the disease had taken deeper root. The pills proceeding at length to the amount of twenty grains, and the eyewater above named, enabled the patient to read in three months.

I myself could not refrain from trying *Chelid.* in a case of cataract that came in my way.

The case was that of a bricklayer, æt. 60, in this town, who had accidentally lost his left eye many years before, whilst cutting wood in the forest. Subsequently he had often suffered from violent tearing in the healthy eye, and for three months had observed a rapid failure of sight. He therefore came to me towards the end of the year 1861, being unfit for any work, and seeing everything as if through a mist. The lens was uniformly grey, and since the failure of sight he had felt nothing of the tearing pain. I prescribed a few drops of the first decimal dilution every evening, whereupon the said pains returned for a short time.

After using *Chelid.* for a few weeks, his sight improved so much that he could resume household work, cleaving

wood, feeding pigs, &c. He told me he could see the stars again, could count fingers when held up, and see the hands of a watch. In bright sunshine, when the pupils contracted strongly, he could not recognise objects so well. I could not observe any diminution of the opacity of the lens.

The symptoms of the eyelids give us the picture of *catarrhal inflammation*, in which the meibomian glands are also sympathetically affected. I once had an opportunity of curing a severe inflammation with *Chelid.*

Widow M—, of E—, æt. 62, had for many years suffered from a hordeolum on the right eye, from which the upper lid had become somewhat puffy on the border. For four weeks she had a violent inflammation of both eyes in consequence of wet feet, for which she had only applied *chamomile tea* externally, because from poverty she had not ventured to consult a doctor, having been unable to pay his fees on a previous occasion. But as she was told she might become blind, she called me in, December 10th, 1861.

The eyelids were so swollen that she could open them but little, with the borders prominent and red. The eyelashes almost all gone on the right lower lid; conjunctiva swollen and dark red as far as the cornea; thick yellow mucus discharged; great dread of light; burning and shooting in the eyes; in the morning the lids always so agglutinated that she had to soften the crust with chamomile tea, when mucus escaped in abundance.

Prescribed *Chelid.* 6, three times a day, six globules.

December 18th.—I came again and found her attempting to sew. She complained that her eyes were still too weak to do so. Since December 14th amendment had commenced with daily progress up to the 18th. Conjunctiva bulbi no longer red and prominent, but the borders of the lids still somewhat reddened. On the right side the lids were still somewhat swollen, and still continued to be somewhat agglutinated in the mornings. Photophobia and pain quite gone.

After another week of *Chelid.*, at the same rate, the eyes had recovered as before the illness.

4. CARDIALGIA.

Eructation of air, nausea, desire for sour things, constrictive feeling, amelioration during the early stage of digestion, aggravation by pressure, appear to me to point to *Chelid.* when decisive symptoms in other organs are absent.

The pains in the stomach after *Chelid.* were not so violent as those in the head, chest, back, kidneys, and extremities; but the sensations were all the more varied. The pain was described as aching, pinching, tensive, oppressive, constrictive, spasmodic, contractive, digging, burning, shooting, cutting, sometimes with heat, sometimes with cold feeling in the stomach.

In the spasm of the stomach of chlorotics, and that caused by irritation of the female sexual organs, we shall more rarely have occasion to give *Chelid.*

On the other hand, when malarious disease, anomalous gout, dyscrasias expressing themselves by chronic exanthemata, chronic catarrhs, anomalous biliary secretion, hæmorrhoidal symptoms, chronic rheumatism, &c., are connected with or are the cause of the cardialgia, we shall often employ *Chelid.* with success.

Kissel (*Handbuch der naturwissenschaftlichen Therapie*, s. 382) relates five cases. In four of the patients the taste and appetite were first improved by giving *Soda*. Three of them had bright yellow motions; thin, cloudy, sour urine. In one the disease had lasted eight, in the other ten years.

Judging by the physiological proving, it is probable that the gastric symptoms, such as nausea, pasty taste, eructation of air, anorexia, bitter taste, would have yielded along with the pain to *Chelid.* tincture alone, without any *Soda*. The dose was six drops three times a day; in the older cases fifteen drops.

In cases of cardialgia where the patients were able to relieve the pains by eating again, when the pain was digging or gnawing, Meyer (*Hom. Vierteljahrschrift* ix, 4, p. 450) prescribed *Chelid.* without attending to the other symptoms. He succeeded repeatedly in curing these cases rapidly and

permanently; in other cases, however, this single symptom led him astray.

I have only had an opportunity of observing one case corresponding to *Chelid.*

Augustus H—, tutor in D—, æt. 40, after the harvest at the end of July, in consequence of a chill, had every evening the following symptoms:—Drawing pains from the sacrum to the right side upwards to the scrobiculus cordis, where they are persistent; pains, aggravated by motion, relieved by eructation; appetite good in the morning and noon, but in the evening, when the pains are on, he can eat nothing; tongue clean; pressure on the pit of the stomach and hepatic region with the hand causes no pain; when he lies down in bed the pains are relieved.

November 25th.—*Chelid.* $0\frac{1}{10}$ drops rubbed up with sugar, morning and evening. After taking the medicine during the succeeding fortnight, he only felt some pains when making a great muscular effort; the evening attacks ceased.

5. HEPATIC DISEASES.

Chelid. has before this often proved remedial in diseases of the liver, and the physiological provings confirm its important influence particularly on the biliary ducts and the secreting functions of the liver. Now, as states are produced by *Chelid.* which obstruct the passage of the bile into the intestinal canal, the conditions favorable to the formation of gall-stones are at the same time produced.

The explanation of the favorable action of *Chelid.* in *gall-stones* is therefore quite easy.

Creuzbauer reports two cases:

OBSERVATION I.—A merchant, æt. 47, of melancholic choleric temperament, who had often suffered from ague, perspired on the slightest exertion, and was subject to rheumatic spasms in the upper extremities, afterwards attended by black jaundice. After many medicines had been given in vain, the fresh juice of the root, in the dose of from

fifteen to twenty drops four times a day, was administered. Violent pains in the course of the biliary duct suddenly came on with call to stool, followed by bilious diarrhoea, with discharge of fifty-three gall-stones, and cure.

OBSERVATION II.—A widow, æt. 35, of melancholic phlegmatic temperament, suffered from quartan ague that was cured by *Bark*. After this, the catamenia were suppressed by a fright.

On examination, there was found such great swelling of the liver and spleen, that she seemed like a pregnant woman shortly before delivery; onion-coloured jaundice and oedema without fluctuation. After taking bitter extracts, *Terra Fol. Tartari*, *Liquor Spleneticus*, *Nitrum Fixum*, and *Seidschütz Salts*, she got in addition ascites and tympanitis.

Under the use of bitter tonics, the ascites and tympanitis were relieved; the yellow colour became daily darker.

Oxymel Colchici, *Ol. Tart. per deliq.*, *Aqua Calcis*, *Butyrum Cerae*, *Succus Raphani*, were now given for weeks without effect; and as a last resource, the fresh juice of the root of *Chelid.* was given, ten drops four times a day, the dose being gradually raised to thirty drops. Under this remedy three hundred gall-stones, from the size of a pea downwards, were discharged, along with diarrhoea and colic of daily occurrence; and in fourteen days the widow was cured. (Creuzbauer, *Dissert. de Radicis Chelid. Maj. ad solvendos pellendosque cholelithos efficacia*. Argentorati, 1785.)

The following history of a case of recent occurrence may be related here:

The tax-gatherer Schöneborn, of Iserlohn, a pretty stout quinquagenarian, complained on the 26th of November, 1850, of violent pains in the stomach and bowels, especially in the region of the ascending colon. *Bismuth* ʒss, with *Magnesia* ʒss.

The following day the pain was somewhat less.

On the 28th of November it was again as violent. Dommes found the liver swelled and painful, the urine yellowish brown, the fæces yellow.

Carduus Mar. relieved the pains; but they returned with renewed severity on the 16th of December, as was alleged, in consequence of a chill; and they were accompanied by a rapid development of icterus, with dark-brown urine and very light-coloured fæces.

On administering *Tinct. Chelid.* these morbid symptoms disappeared in a few days.

It was now I first discovered gall-stones (that burned with a sooty flame), for which I had in vain searched formerly.

The tincture was continued for a fortnight longer. Since then the attacks of pain, that were formerly so frequent, did not return. (Dommes, in the *Zeitschrift für wissenschaftliche Therapie*, Bd. ii, p. 246.)

Von Schallern relates two cases of *jaundice* cured by *Chelid.*

OBSERVATION I.—A woman, æt. 56, liable to mental depression and violent fits of anger, had suffered for some time from vomiting and constipation. Under the use of emollient clysters and laxative drinks, the bilious vomiting went off, and, as the retching continued, a sedative was given.

In a few days she began to grow feverish, and signs of jaundice occurred.

Ext. Chelid. with *Aq. Menth. Pip.* removed the disease in six days.

OBSERVATION II.—Another deformed woman, not 50 years old, got the jaundice. At first nothing was done for her; but, as the disease became worse, she got 1½ dr. of *Ext. Chelid.*, with 2 dr. of sugar and 2 oz. water, after which the bowels were opened four times. Thereafter she had to take the *Extract* with the *Aq. Menth. Pip.* every hour, which cured her in a week.

Some observations are recorded by Rademacher's disciples.

OBSERVATION III.—A notary's assistant, of sedentary habits, and a lover of strong beer, at a party indulged in too many kinds of alcoholic drinks and dancing, whereupon he caught cold, and got liver affection at a time when the

epidemic diseases prevailing were of the kind Bernhardt found to be curable by *Chelid.* His disease took the form of fully-developed icterus. The whole of the skin was yellow, with a slight olive shade; the eyes lemon yellow; urine saffron coloured; whitish-yellow, sluggish stool; tenderness at a point betwixt the scrobiculus cordis and the right hypochondrium; anorexia, with bitter taste, and clean tongue.

The patient complained of some weariness and general disinclination for everything, but he went about his business as usual. His pulse was slow (about 75). He got six drops of *Chelid.* tincture every two hours.

In two days improvement was observable in the icteric colour, as also in the general health.

The dose of the remedy was gradually increased during the following days to ten drops.

In about a week the patient was well; appetite, secretions, and excretions normal; conjunctiva white; the colour of the skin still slightly dusky yellow.

OBSERVATION IV.—A girl, æt. 22, with regular catamenia, had been jaundiced for several days, and sought advice on the 26th October, 1848. Her taste was bitter, the tongue clean and bright red, the præcordium distended, hepatic region normal; urine reddish brown, clear, very acid; stool white and formed. A drachm of *Tinct. Chelid.*, taken in three days sufficed for the cure of this case of icterus.

OBSERVATION V.—A young man, æt. 26, had been four weeks ill before seeking advice. At first he complained of diminished appetite and insipid taste; and in about a week became jaundiced. The colour is dark yellow, the skin of the face shiny as if covered with grease, the tongue dry, dark red, with thin white coat, the palate, blood-red. The stool whitish-grey and consistent; the urine reddish brown, clear, acid. Præcordium and hypochondrium felt quite normal, the patient complains of nothing. He had already taken emetics and purgatives, but with only the effect of causing vomiting and purgation. In this case also, a drachm of tincture of *Chelid.* sufficed for the cure (Kissel, *loc. cit.* p. 381).

The following case may also come in here ; in it *Chelid.* was employed before the absorption of the bile had commenced.

During a residence at the sea-side for bathing Dommes suffered for some days from want of sleep, dyspepsia, stomachache, pains in chest, back, and head. Skin and urine of normal colour, but fæces nearly white with a slight shade of yellow. After three doses of fifteen drops of *Chelid.* tincture at six hours' interval, he had a brown-coloured evacuation, and the following day all the morbid symptoms had disappeared. No other *Chelid.* diseases occurred at that time in Heligoland. (*Zeitschrift für wissenschaftliche Therapie*, Bd. II, p. 246.)

The following case of *acute hepatitis* is by Kanzler (Kissel, *Handbuch der naturwissenschaftlichen Therapie*, 1853, p. 378) :

A woman, about 30, had five years previously two attacks of violent acute hepatic affection, and although on those occasions a strict antiphlogistic treatment removed the immediate consequences, still she remained affected in her liver. Pressure and a sensation of pinching in the hepatic region, as also pains in the right shoulder and sometimes in the right thigh, are her constant complaints since that time ; after the slightest error of diet or chill, often also without apparent cause, she has aching in stomach, sour rising, distension of the whole belly with great sense of fulness there ; the motions are sometimes clay-coloured. Every year at least once, there occurs a subinflammatory state of the liver ; that organ is then extremely tender, the pulse highly feverish, the urine blood-red, the face jaundiced. Kanzler had already treated the patient for three such attacks, each time with local and general bloodletting, *calomel*, *rhubarb*, and *mercurial inunctions*. Recovery certainly followed this treatment on each occasion, but it was extremely slow, and with this serious drawback, that each time in spite of all the remedies used, there remained for weeks, and even months, after-pains, such as tenderness of the hepatic region, furred tongue, sour taste, loss of appetite, spasm in the stomach, constipation and spongy gums from the *Mercury*

taken; it was, moreover, evident, that whether from the repeated bloodlettings or the quantity of *Mercury* taken, the general constitution of the patient was much undermined. Indeed, it may be questioned if recovery can be spoken of where, after the treatment, so many evils remained. Two years previously the patient had drunk the Carlsbad Sprudel, after which the liver symptoms, without ceasing entirely, were very trivial for a whole year; but now for some time back they are again bad.

On the 25th March, 1849, during the prevalence of a malady curable by *Chelid.*, the patient sought Kanzler's advice. After feeling pretty well the previous morning, in the evening she had a violent attack of rigor, followed by heat. The night was sleepless. The pulse was 95, full and tense; the region of the liver so sensitive that it would not brook the slightest touch; the pains shot now and then into the right shoulder and the right thigh, at the same time the colour of the face became icteric, the tongue with a yellow fur, complete loss of appetite, sour taste, pains on swallowing, fulness in the præcordium, urine the colour of porter, constipation for the last two days, great thirst, bruised feeling in all the limbs, and very violent headache. The patient got *Magnes. ust.* ℥ss, *Aq. dist.* ℥vj, *Tinct. Chelid.* ℥ij, *Syr. simpl.* ℥ss, a tablespoonful every hour. In the evening there was an exacerbation of the fever, but not so severe as might have been expected. The *Magnesia* caused eight motions, removed the sour taste completely, the fulness in the præcordium partially. It was therefore discontinued, and *Tinct. Chelid.* ℥iv in ℥viij of water given, a teaspoonful at a time every hour. She took it nearly regularly throughout the night, as the unusually severe headache did not suffer her to sleep until morning.

On awaking (26th March), this headache had lost considerably of its intensity, and in spite of an almost sleepless night she felt much better than yesterday. The region of the liver was not so tender, and the pains in the right shoulder and thigh, together with the fulness of the præcordium, were gone; the pulse was only 75 and no longer hard; heat and thirst less, urine clear and rather yellowish than reddish,

tongue scarcely furred. The appetite had not returned, however, and swallowing was painful.

In the morning the febrile exacerbation was very slight. The patient having used all the medicine, got a drachm of *Tinct. Chelid.* in eight ounces of water.

On the 27th March the patient got up in the morning on to the sofa, though she still felt pulled down. She had taken the medicine up to midnight yesterday regularly, and then fell asleep, and slept to 6 a.m.; this morning she had taken with appetite a cup of weak coffee and a rusk. The pulse was free from fever, headache and jaundice quite gone, urine yellowish and clear, tongue clean. Swallowing was still painful and the region of the liver could not yet bear strong pressure. The mixture was now ordered every two hours.

On the 28th, the patient only complained of prostration; swallowing was no longer painful; the liver had returned to the same state as before the attack. By way of precaution, fifteen drops of the *Tinct. Chelid.* were continued every three hours.

On the 30th, the patient was quite well and had left her room the previous day.

The case of successful treatment of induration of the liver by *Extr. Chelid.*, related by Benedix, is so far interesting that it shows how large doses of the extract can be borne without producing medicinal symptoms (Rust, *Magazin für die gesammte Heilkunde*, Bd. XIV, p. 247).

The patient, æt. 38, formerly robust, but owing to his sedentary habits and intellectual exertions has complained for the last year and a half of constant aching in the belly and frequent constipation. To this was added frequent vomiting after eating, so that he could no longer get through his work.

Present state: thin, pale-yellow complexion; dull and leaden look; yellowish, colour of sclerotic; tympanitic distension of abdomen, distinctly perceptible; hardness in region of liver to the præcordium. Strong pressure there occasions severe pains, nausea, and inclination to vomit. The vomited matter has a sour smell. Acid and fat food,

formerly eaten with relish, are now eaten with less appetite, and vomited again almost quite undigested; the same with alcoholic drinks, which cause an annoying sensation of burning in the stomach. Pulse rather small and quick, 80 to 90. Tongue furred whitish yellow, more moist than dry, great thirst, little dark yellow urine, with chalky sediment. Perspiration day and night, diminished intellectual powers, restless sleep broken by dreams.

Extr. Gram., Taraxaci, Kali tart., with Tinct. Val. æth., Liq. Ammon. Succin., Asafætid., Extr. Cicut., Fel tauri inspiss., Sulph. stib. aur., Mercurialia, Tinct. Rhei aq., Liq. Kali ac., rubbing in of *Lin. Ammon., Ol. Hyoscyami, Absinth. coct., Ung. Hydr. cin.,* had no good effect on liver and præcordial region. Afterwards *Infus. val.* with *Extr. Chelid.,* ʒj, and *Liq. Kali acet.,* ʒss.

After the strength of the mixture was increased to six drachms of the *Extr. Chelid.,* the health improved, the motions became more regular with considerable discharge of mucus, the hard places became softer, less sensitive, and the skin less yellow. The *Extr. Chelid.,* was now given to the amount of 1½ ounce per diem, which caused the patient nausea, inclination to vomit and attacks of vertigo, wherefore the dose was diminished to eleven drachms.

After two months of this treatment the patient got quite well.

Observations by homœopathic practitioners respecting liver affections.

In a kind of hepatic fever, with pain of the whole region of the liver, sense of comfort immediately after eating, though the appetite was small, Liedbeck saw a rapid cure effected in the course of twenty-four hours by a few drops of the 1st dec. dilution of *Chelid.* in a tumblerful of water, a teaspoonful every hour.

Another case with similar symptoms without fever, but with pain in the region of the liver, and comfort after eating a little, was cured in an equally short time. Also a

middle-aged hypochondriac, with affection of the liver, mucous diarrhoea, pain in the umbilical region, was cured of those symptoms by the same remedy, and the following day felt himself "stronger than usual," as he said. He has also several times employed tincture of *Chelid.* with rapid good effect in jaundice, also in chronic hepatic pains, with swelling of the liver, and yellow complexion. (*Allg. hom. Ztg.*, Bd. 45, p. 27.)

Dr. Neidhardt of Philadelphia has, after patient research, discovered a group of symptoms that are often met with in practice, and in which *Chelid.* acts like magic.

The first case is that of Mrs ———, who suffered for many years from affection of the liver, an acute attack of which again occurred with the following symptoms :

Pain in the right side of the back, with painful feeling in the occiput; aching towards the left ear, also aching in the eyeball; painful tonsils; bitter taste; nausea; constipation.

The symptoms in Hahnemann's *Materia Medica*: "Pinching and spasmodic pains on the inner border of the right scapula, with a kind of drawing pressive shooting from the left side of the occiput to the forehead," sufficed to lead him to select *Chelid.*, which completely and permanently cured this case, although besides bitter taste and considerable nausea, no other symptom in the imperfect proving pointed to affection of the liver.

In a second case, Ellen ——— had for many years suffered from a bilious vomiting, vertigo, retching during the bilious eructation, pains shooting from the region of the liver to the back.

Although the last symptom (comp. Symp. 1115) is not met with among the symptoms of *Chelid.*, still it cured by that remedy like all the other cases. Afterwards he cured some similar cases with *Chelid.* (*North Am. Hom. Journal*, v. iii, p. 354.)

I myself have been fortunate enough to effect the following rapid cures of liver affections with *Chelid.*

OBSERVATION I.—Mrs. D—, of E., æt. 54, has for

four weeks had no appetite; constant eructation of wind; pains in the scrobiculus cordis, and under the ribs towards the right; oppression of chest; drawing pains in the back and sacrum; pressive headache, with frequently recurring heat of face; cold feet; great weariness and anorexia. At the same time she suffered much from thirst and dryness in mouth and throat, and she had an attack of rigor almost every night. In the morning, after many unremembered dreams, she awoke perspiring. The bowels are irregular; faeces sometimes thin, sometimes firm, but lighter coloured than usual.

Present state, December 23rd, 1861.—On examination, the liver under the arch of the ribs, from the linea mammalis to the pit of the stomach, presented a hard border, the anterior lobe being hard to the feel, painful on pressure. No change in the ordinary dimensions was detectable by percussion. The symptoms above recorded were still all present. As they completely corresponded to *Chelid.*, I administered that medicine in the 6th dilution in globules, six to be taken three times a day.

On the 27th I again visited her, whereupon she told me that already on the 24th of December her symptoms were scarcely observable, were quite gone on Christmas day, and that for the first time for five weeks she was able to eat with great appetite. No more hardness of liver was to be felt, and she was able to bear without pain strong pressure with my hand in the pit of the stomach and right hypochondrium.

OBSERVATION II.—E—, linen weaver, æt. 20, has suffered for four weeks from weariness, sleepiness, anorexia, dryness in throat, increased thirst, dizziness, giddiness, stiffness in nape; tightness of chest; pressure in scrobiculus cordis on stooping; frequent eructation of wind; periodical heat in face, so that he was often unable to work at his loom. He cannot bear cooked victuals. During this time the motions are hard and whitish grey, and often constipated for a couple of days. For some days past shooting pains in right hip have been added to these complaints. Yesterday evening they extended into the abdomen, accompanied by

great heat and anxiety, and he was unable to sleep during the night.

Present state, May 5th, 1862.—The patient lies on his back. Face greyish-yellow, sunken in; eyes dull; tongue somewhat dry, with thin white coat; hepatic region tense, painful on pressure; size of liver not altered; pulse 110, hard; skin hot, perspiring. Complains of violent pains in hypogastrium and vesical region, not increased by pressure; urine red, cloudy, with chalky sediment. Had I chosen a remedy from the most prominent symptom, the violent pain in the hypogastric region, I should not have selected *Chelid.*; but the previous sufferings and the whitish stools led me to select this remedy. *Chelid.* 6 every three hours.

6th.—A short time after the first dose the pains in the abdomen went off. Towards evening violent pains in the right hip once more came on. Quiet sleep all night. The grey-yellow colour of the face is gone, also the tenseness and tenderness of the hepatic region; urine colour of white wine, clear, with a slight cloud at the bottom; pulse 90, soft; temperature of skin normal; tongue moist, clean, no pains; motion whitish, hard; eructation of air, vertigo, and dizziness gone; there is still thirst. *Chelid.* 6 as before.

7th.—The patient is again at his work. Of his former ailments there remain stiffness of nape, and somewhat increased thirst; appetite good; stool dark brown of normal consistence; pulse and urine normal. *Chelid.* 6 night and morning.

8th.—All symptoms gone.

OBSERVATION III.—K—, a coachman, æt. 18, formerly always in good health. For five weeks the patient has suffered from violent pains in the back, from the nape down to the sacrum, so that he could not do his work. The pains were intolerable in any position, and prevented him sleeping. In addition to them he had complete loss of appetite, disgust at coffee, which he formerly liked; constant great thirst; great drowsiness by day and weariness; shortness of breath; shivering, with cold feet, especially in the evening. During the disease the motions were hard and *yellowish white*. His allopathic physician treated him

with cuppings only, and as this produced no amendment, he wanted to put in a seton. In order to avoid this the patient begged his master to allow him to be treated at his own home, and thus he came under my treatment on the 4th March, 1862.

Present state: greyish-yellow complexion; inflamed pimples on the face; especially on the chin and cheeks; dull eye; urine reddish, cloudy, with reddish slimy sediment; motions hard and greyish-white. No other objective morbid phenomena were to be detected, the subjective ones as above. *Chelid.* 6, six globules every three hours.

5th March.—Good sleep, no longer with short breath as before; the pains in the back quite gone, only slight pain in sacrum on stooping.

6th.—Urine and stool of normal colour; good appetite; blooming complexion; the pimples are no longer inflamed; weariness, shivering, and drowsiness gone, and the thirst is no longer present.

7th.—The patient yesterday afternoon was chopping wood, and has no morbid symptoms remaining.

In chronic diseases of the liver of a curable character, *Chelid.* should be given when the symptoms indicate it uninterruptedly for weeks, as the intensity of its action increases with the length of time it is administered.

I completely cured the fatty liver of a scrofulous girl æt. 4, the border of which extended as far as the navel, with accompanying icterus, in six weeks, by three doses of six globules each of *Chelid.* 6 dec. The great appetite of the child determined me not to depart from *Chelid.*, though during the first fortnight no remarkable amelioration was perceptible.

6. INTESTINAL CATARRH.

The *Chelid.* symptoms of gastric and intestinal catarrh have been mentioned in the summary, and are distinguished by their completeness. From the frequency of gastric complication with many of the *Chelid.* diseases, these symptoms guarantee the efficacy of *Chelid.* in such cases.

In my practice, from time to time, I have met with gastrointestinal catarrh in children, showing itself by bright-coloured diarrhœa, loss of appetite, feverish symptoms, and several other symptoms indicating *Chelid.*, where, however, on account of the imperfect character of the proving, I was not in a position to employ it.

Every practitioner knows that such diarrhœas are sometimes very obstinate, and are often followed by great emaciation and feebleness in children.

Kissel relates several cures by *Chelid.*

OBSERVATION I.—A boy, æt. 6, previously healthy, had suffered for three weeks (during the typhus observed by Löffler) from diarrhœa. The frequency varied much—from two to eight stools per day; now and then discontinued for a whole day, perhaps in consequence of the remedies used, *e. g.*, *Rheum*, *Ipec.*, *Acid. mur.*, *Cascarilla*. Thin stools occurred too more by day than night, yet these were not certain. No griping or straining accompanied the diarrhœa; the fluid fæces very often escaped quite unexpectedly from the anus, which was neither sore nor reddened. The nature of the evacuations was also variable. Sometimes quite liquid, then pappy; one day grey like clay, next day bright yellow; sometimes brownish and generally containing much mucus in the form of flakes, threads or even gelatinous lumps; round worms also passed sometimes. The patient is out of bed, but pale; eyes dull with dilated pupils, and the lower lids bordered by dark blue rings. Lips and gums pale as well as the tongue, which is moist and whitish.

The limbs are flabby, and the skin, which is cool, feels rough; perspiration now and then in the morning. The abdomen was distended with gas, yet not at all painful even with strong pressure.

The patient has no wish for food nor repugnance to any except meat and meat broth. Thirst very trifling. Pulse 85, small and soft; no pain at all, not even in the head. He got a scruple of *Tinct. Chelid.* in four ounces of gum water, in doses of half a tablespoonful every two hours, whilst a spoonful of Malaga was given to him in divided portions during the day.

In eight days the evacuations were regular, the boy's looks essentially altered, and his dislike to meat had ceased. Still the medicine was continued, but only three doses per day. Complete cure and restoration of strength followed without interruption, and comparatively very soon, so that at the end of the second week medicine was discontinued.

OBSERVATION II.—A boy, æt. 9, on the night of November 21st, 1848, was seized with sudden excitement, with confusion of intellect, and next morning had seven diarrhœic stools, slimy and greyish yellow, without the slightest pain in the bowels. His face looked collapsed and pale, the tongue thinly coated with yellow, taste and appetite good; urine normal. Ordered four drops of *Tinct. Chelid.*, five times a day. Next night (for in the day he felt quite well) he had five greyish-yellow thin stools. *I therefore reduced the dose one half, i. e., to two drops.* In the third night, three solid motions of a natural brown, and on the fourth night only two; after which his health remained undisturbed.

OBSERVATION III.—The last boy's little brother, æt. 8 months, on November 23rd in the evening, was suddenly seized with distortion of the eyes, twitching of the corners of the mouth, and thin whitish-yellow diarrhœa. As the tongue was coated white to the tip and a sour smell was perceptible in the mouth, I first neutralized the acidity of the stomach.

Next day the tongue was clean, and the nightly diarrhœa was repeated five times. Gave one drop of *Tinct. Chelid.*, five times a day, and in three days the child was well.

OBSERVATION IV.—A boy, æt. 4, had for three weeks whitish-yellow diarrhœa only at night, which was disregarded; and after this ceased, towards the end of January, still less was thought of it had not the little fellow, a fine stout boy, became so strikingly emaciated, and instead of his rosy cheeks, had acquired a dirty yellow complexion.

For this reason, on January 30th, when I found his stool consistent and brown, his urine bright yellow, clear and acid, I gave him twelve drops of *Tinct. Chelid.* as a daily dose. In two days he looked better already, and on Feb-

ruary 7th had recovered his blooming complexion and roundness.

OBSERVATION V.—A boy, æt. 5, had for several weeks a nocturnal diarrhœa, whitish yellow. At last the stools came on by day and were quite watery. The child, previously blooming, became considerably emaciated, with a dirty yellow complexion, bad appetite, and tongue coated yellow. Gave *Natr. carb.* 3j, and ten drops of *Tinct. Chelid.* daily.

Next day, March 15th, 1849, the diarrhœa had ceased, the tongue was clean and the appetite better. 3ij of *Tinct. Chelid.*, fifteen drops per day, set the little fellow perfectly to rights.

7. URINARY DISEASES.

Inflammation of the Kidneys.

Chelid. has not, as yet, been employed for this disease. Indeed, the early physiological provings offer no symptoms pointing to irritation of the kidneys by *Chelid.* So much the more distinct are these symptoms in the results obtained from my provings. In several of these we have dull pressive pains in the renal region; but in no case did the symptoms occur with such violence, continuance, and frequency as in that of my wife, so that I was forced to discontinue the proving, as the sufferings did not abate, though I reduced the medicine to the sixth dilution. The pain was not confined to the kidneys, but extended to the ureters and even to the bladder.

The urine passed during the last-mentioned pains was turbid immediately after discharge; whereas, on days when these pains were less prominent the urine was clear, and remained so.

Now, for the therapeutic employment of *Chelid.*, it is important that we point out from the provings how this medicine has produced not merely catarrhal inflammation of the kidneys, but nephritis diffusa (Bright's disease). The character of the renal cylinders discovered in the turbid urine of itself points to metamorphosed exudation in Bellini's

tubuli from croupose inflammation or consequent degeneration of the glandular epithelium, which lines the urinary canal (*Introduction to the Analysis of Urine*, by Neubauer and Vogel. Wiesbaden, 1863, p. 278). Just as in the proving, so in morbus Brightii, we find increased uric acid, diminished chloride of sodium, and dissolved hæmatine in the pale yellow, slightly turbid urine, which, when albumen is abundant, is coloured reddish.

Tenderness in the renal region was observed in five, and frequent urging to urine in ten provers.

In my wife's proving, the other symptoms of Bright's disease are found combined, such as œdematous swelling of the extremities, neuralgia in the region of the trigeminus, and especially of the supra-orbitalis (Dec. 4, 7, 11), and the extremities (Dec. 10, 14, 15). Of symptoms which are said to indicate uræmia: Migraine (Dec. 12, 13), lethargy (Dec. 13), weight in the lower extremities (Dec. 14). An attack of amblyopia, such as observed in Bright's disease, with vomiting and coma, had set in as early as Nov. 5, 2½ hours after taking ninety drops of *Tinct. Chelid.*, and therefore cannot be regarded as an uræmic symptom; but the symptoms presented the complete picture of the hyperæmic stage of retinitis apoplectica, as it has been observed in Bright's disease (Rosenstein, *Pathology and Therapeutics of Kidney Diseases*, Berlin, 1863). As regards the febrile symptoms of an acute nephritis diffusa, we find recorded repeated rigor (Dec. 14, 15), with subsequent heat, thirst, and the other signs of fever (Dec. 14) combined with the local symptoms.

I can adduce but one case of kidney disease which was diagnosed by another physician to be degeneration of the kidneys.

Mrs. Von K—, of Z—, wrote to me April 29th, 1862, to ask whether a degeneration of the kidneys could be removed homœopathically, though she was in her 60th year. The disease, after an attack of violent pains in the kidneys, had developed itself in combination with much headache, giddiness and loss of consciousness; and, for want of homœopathic aid, she had consulted an allopathic doctor in her then place of abode. And as the medicine he prescribed was

of no service, he had recommended the waters of Wildung and Carlsbad.

Besides the above-named disorder, she frequently suffered from erysipelas. The pains in the region of the kidneys and in the head, with sparks before the eyes, were at present her worst sufferings; the urine always reddish, turbid, containing fibrine, flakes, and sand.

Notwithstanding the imperfect description of the disease, I determined, on the strength of this account made up of her own observations, combined with those of the allopath, to send her *Chelid.* 6, to be taken three times a day. In a fortnight she wrote to tell me that her sufferings were alleviated, and, four weeks after, that they had all disappeared except transient pain in the sacrum, and that the urine had for three weeks continued clear, and free from flakes and sands.

8. DISEASES OF LARYNX AND BRONCHIA.

A. *Laryngitis and Bronchitis.*

From the symptoms of irritation in the sensorial and motorial nerves of the larynx and trachea, exhibited in connexion with the simple catarrhal affections, and which are quite peculiar to *Chelid.*, we are convinced that in deep-seated inflammations of these organs we have a valuable remedy in *Chelid.* In acute cases it will be indicated where we have hitherto used *Bry.* and *Acon.* We need not, as is generally done with *Bry.*, give *Acon.* beforehand, for *Chelid.*, after a few doses, develops its antiphlogistic action just like *Acon.* Only we should take the precaution to choose doses small enough, since experience has taught us that even a few drops of the mother tincture have increased the irritation in the respiratory organs to such a degree as to require the discontinuance of the medicine.

According to my experience so far, it will always be safe, in case of doubt, to choose *Bry.* for persons with black hair, dark complexion, and a tendency to costiveness, and *Chelid.* for those of blond complexion, disposed to diarrhoea.

When the disease is epidemic, when spasmodic fits of

coughing, with dyspnœa, anxiety, and a sense of constriction in the larynx, give cause to apprehend œdema of the lungs, and death by suffocation, or when intestinal catarrh with clear slimy diarrhœa and typhous complication, with rapid failure of strength are imminent, then *Chelid.* will be suitable.

Whether *Chelid.* will also avail in croupy laryngitis, we have no positive indication from the proving. We have, however, observed epidemic sore throats where the vaunted croup medicines leave us in the lurch, where the exacerbations (with the phenomena of spasmus glottidis) were evidently leading to a fatal result merely through paralysis of the laryngeal muscles.

We consider it our duty in such cases, where we cannot with full confidence give the old remedies, to try a new one, whose pathogenetic action on the larynx is not inferior to that of the old croup remedies, and which has so remarkably distinguished itself by its antiphlogistic effects.

Kissel gives the following two short histories of *cough* with emaciation and fever in the evening.

OBSERVATION I.—A boy of 4 years old had had a cough for a week, and every evening a hot fit, with perfect intermission when I undertook his case, March 19th, 1849. The boy, who was previously stout, had become strikingly thin, with a dirty grey complexion. He complained of nothing, but coughed up a little phlegm. Auscultation showed nothing abnormal; stool bright yellow and consistent; urine bright yellow, clear, and acid. The pulse in the morning soft, not frequent; skin of normal temperature.

Gave twelve drops of *Tinct. Chelid.* per day.

21st.—The fever had already ceased, and in a few days the child was quite well.

OBSERVATION II.—A girl, æt. 4, had suffered for ten days with cough and loss of appetite, and had several times had transient pain in the bowels when I saw her, March 29th, 1849.

She had fallen away rapidly, had a dingy grey complexion, and coughed hard without much expectoration.

Auscultation discovered mucous râle on both sides. Her tongue was clean; urine bright yellow, clear and natural; pulse 110, and small; skin of normal temperature and rather moist; stool quite white, like thick pap; conjunctiva clear, white, without any trace of biliary tinge. *R. Tinct. Chelid.* ʒiij, four drops five times a day. By March 31st, the cough was more moderate; stool once brownish, but then white again. April 2nd it was brown and continued so; the mucous râle could scarcely be heard; pulse 80. The child was playing again. Quite well by April 5th.

My own Observations.

A. W., theological candidate, æt. 27, had suffered three weeks from pain in the larynx, aggravated by swallowing and speaking with effort. With this he had a sensation of soreness and pressure in the region of the larynx.

March 23rd.—He had preached in spite of increased pains.

24th.—He walked a mile to a neighbouring village, and so got wet through in heavy rain. He stayed in his wet clothes in a cool room, and was seized with a chill which lasted two hours. In great anxiety, heat, and languor, he walked back, and could hardly get home for exhaustion. At 11 p.m. I was called in, and found him in bed in a high fever, with pulse 110, and tongue thickly coated yellow; skin burning hot and perspiring; great heat and confusion of the head, with great thirst; sunken countenance; red urine. Complained of pricking pains in the larynx which rendered loud speaking impossible. Drawing and paralytic feeling in the limbs. *Acon.* 3 every hour.

25th, morning.—Patient had a restless night, dreaming, perspiring, and drinking much. Condition since yesterday evening unchanged. The patient has got up, but falls asleep whilst speaking for several minutes at a time, and that repeatedly. He had to go to bed again. *Chelid.* 6 every two hours.

At 10 p.m.—Pulse 85; feels his head free; pains in the

throat the same; tongue rather cleaner; no thirst, no appetite.

26th.—Quieter sleep last night; copious perspiration; pulse and urine normal; tongue only coated in the middle; appetite good; no further sufferings. *Chelid.* 6 every two hours.

27th.—Strong perspiration all night; tongue clean.

I found the patient at my house delighted with his rapid recovery, smoking a cigar with great satisfaction.

B. *Influenza (Grippe).*

Early in February of this year, the influenza set in here epidemically, yet not so many persons were affected as usual on such occasions. In this epidemic *Chelid.* 6 approved itself as a rapid remedy, since whenever I gave it, quiet sleep occurred that same night, and next day complete removal of the fever, so that by the third day the patients could leave their bed. *Acon.*, which I gave at first on account of the violent fever, had *not* the desired effect.

The disease exhibited the following symptoms: great and dry heat, especially in the face; in the afternoon, particularly towards evening, rigor; moderate thirst; nose, tongue, and throat dry; violent pain in the forehead above the eyes; vertigo; lachrymation; photophobia; drawing in the nape and occiput; violent pain in the back; shaking dry cough; shortness of breath and tight chest; stitches in the left side; eructation; pains in all the limbs, with a bruised sensation; great languor and faintness; loss of appetite; nausea; nightly delirium, with amelioration in the morning; much anxiety and restlessness till midnight.

As not a single symptom occurred in the disease which was not fresh in my memory as a symptom observed in the proving of *Chelid.*, I did not hesitate to employ it at once in the commencement, and was surprised by the rapid success of it.*

* A novice should not be led to the idea that *Chelid.* is the specific for every epidemic influenza. The symptoms of epidemic diseases must correspond in all respects and circumstances to the provings, if a medicine is to answer as

In the case of a lady who had taken to bed five days for influenza, and grew worse every day, eating nothing all the time, *Chelid.* 6 (decimal dilution) at first caused dreadful anxiety and uneasiness after each dose of six globules dissolved in water. After taking some panada, the aggravation after each dose became less marked; next day she was able to leave her bed, and loss of appetite was the only thing she complained of.

In another case, where drawing pains in the occiput and nape were present, I observed as an aggravation after each dose that the patient complained as if the head was drawn forcibly backwards. Yet the disease was, by the following day, removed all but a trifling cough.

I will only give the details of one other case which I might consider as epidemic influenza, on account of the nervous fever and other nervous symptoms, although for some weeks I had seen no cases of influenza.

Widow E—, æt. 75, a beggar, of small stature, in tolerable condition, and lively; had suffered for twenty years from chronic pulmonary catarrh, which, however, had not prevented her from going about to beg. On April 4th she was seized with a rigor which made her keep in bed, and then a hot fit came on.

When I was called in, April 6th, in the evening, I could learn nothing more about the course of her illness, excepting that she had vomited several times, drank much, and often lost her head, when she got out of bed, though she could not explain what for. As a rule she kept lying in a continued slumber, and was delirious on awaking. Both eyes are fast closed with mucus, and the right eyelids are inflamed and scabby, she cannot open them by her own effort; the under jaw hangs down; the tongue is as if dried up, brown, and cracked; speech difficult and hardly intelligible; breathes with great difficulty, and a loud mucous râle; no stool during her illness; complains of

an epidemic remedy; and also the individual fits of illness must have the essential symptoms in common. Attention to the epidemic remedy is generally only of value so far as in many cases of disease it is difficult to discover the remedy, owing to the deficiency of symptoms calculated to decide the choice.

nausea, that everything gives her pain, and that she cannot see; she cannot raise herself; took some coffee in the morning, and had some gruel. At noon, pulse 130, hardish; percussion of the thorax detected nothing abnormal; auscultation shows mucous râle and whistling respiration; abdomen neither prominent nor painful when touched; no swelling of liver or spleen to be discovered. *Chelid.* 6 every two hours.

7th.—She has once more vomited in the night, but made no more attempts to get out of bed. The thirst has left her; the râle ceased, her breathing is quiet; tongue coated with tough mucus, and no longer shrivelled up; pulse irregular, missing every fifth or sixth stroke, and not less frequent than at first (130); she can open her eyes, and the lids are no longer inflamed; complains of dryness in the throat; no stool yet. *Chelid.* 6 as before.

8th.—Tongue moister; pulse 120; speech plainer and thirst less; complains of stiffness in the nape, and pain in the back and limbs; slept quietly at night without delirium. *Chelid.* 6 continued.

9th.—Found her in the morning sleeping quietly; her jaw was not hanging, and on awaking there was no aberration; she slept quietly all night, and had one hard stool of normal colour; tongue quite moist, coated yellow; thirst has ceased; pains in the limbs gone; pulse 86; she showed me her emaciated legs, and was surprised that she had fallen away; appetite good. *Chelid.* 6 continued.

10th.—Thick whitish-yellow expectoration, otherwise as yesterday.

16th.—No aggravation has occurred up to this day; tongue clean; appetite good, as she tells me with great vivacity, only complains of great weakness, so that she cannot leave her bed.

The rapid curative effects of the *Chelid.* in this case surprised me the more since, with such marked nervous symptoms, with pulse 130, at such an age, nothing but the worst result could be expected.

20th.—She was once more able to leave her bed.

c. *Whooping-cough.*

Teste (*Traité hom. des maladies des enfants*, 2 Ed., Paris, 1856) has prescribed *Chelid.* at the commencement of whooping-cough. Dr. Krieger, at the thirty-second assembly of the Central Society, Nuremberg, has stated the good effect of it after *Corallium*.

"I had to treat an epidemic at Bern and Neuburg; at the latter place especially it was very remarkable, because I received letters from many families whose children I had not seen once, but who were induced by the results to beg me for the whooping-cough medicine. I used to send a powder of *Corallium*, then *Chelid.*, and the cough was gone." (*Allg. Hom. Ztg.* B. 65, No. 24.)

On the strength of this recommendation, I have given *Chelid.* to some children affected with whooping-cough which, during a scarlatina epidemic, had broken out in villages where the scarlatina had not appeared.

In the first case the spasmodic stage had already lasted fourteen days. The conjunctiva of the sclerotica was red from extravasated blood, the fits occurred ever half hour to every hour, often with vomiting. In the first eight days, after taking *Chelid.* 6, three times daily, there was no change perceptible in the cough, so that I began to doubt the efficacy of the *Chelid.* From that time forth, however, the cough disappeared.

In some other cases I was informed that the cough grew better from the first day of taking the *Chelid.*

If we compare the symptoms of the medicines hitherto given for whooping-cough with the phenomena presented by a fit of that disorder, we find them pictured in no single one in the precise way we observe them in this disease. Besides, it is very doubtful whether in adult provings a greater similarity of symptoms of any remedy whatever with the whooping-cough paroxysm can ever be attained, as it is only the infantile organism that seems adapted to the development of this group of symptoms. According to my experience, the old whooping-cough medicines only act symp-

tomatically, unless by accident the remedy corresponded with the epidemic. But, just because *Chelid.* will correspond with many whooping-cough epidemics, one may infer that this remedy is suitable for many epidemic maladies, especially measles, which seems to produce a similar fundamental disease of the organism.

This circumstance alone would not, however, be an adequate cause for preferring *Chelid.*, unless we could also ascertain a greater resemblance in the morbid symptoms by which that cough is mainly characterised. To this end we must classify them according to the different muscles affected, since their totality has not been observed, for the reasons given, in the case of *Chelid.* In the first place *Chelid.* presents a violent, spasmodic, straining cough, bringing tears to the eyes, lasting long, and even awaking them out of sleep, in fits succeeding at short intervals, with burning shooting pains, constant tickling and incitement to cough in the larynx, spasmus glottidis and expectoration of mucus. As signs of spasms in the muscles of the throat and larynx, we may mention the following symptoms :

A sensation as if the larynx were pressed back upon the œsophagus ; constrictive pressive choking feel in the throat and trachea, as if the breath could not pass for swelling of the larynx, with deadly anxiety and difficulty of breathing.

The following symptoms bespeak spasm of the respiratory muscles of the thorax :

Difficulty of breathing, pressure, oppression, like cramp in the chest ; sense of constriction ; want of breath with anxiety on the chest, at night too on waking. (For cramp of the diaphragm see Asthma.)

The tonic spasm of the respiratory muscles would have no clinical value for us if we could with Niemeyer consider it as a mere reflex phenomenon due to catarrhal irritation, and did not find ourselves compelled to admit in this disease a complication of catarrh with neurosis, on account of the restlessness and anxiety so often present in the cases of children and the peculiar group of symptoms.

With the great similarity of individual whooping-cough epidemics, it only seems difficult to decide whether *Chelid.*

will be the remedy for an actually prevalent epidemic. If the catarrhal stage, or, mayhap, an intestinal catarrh, gives us no ground to go by, if no individual child presents other marked *Chelid.* symptoms, and if also no other *Chelid.* disease has actually occurred more frequently; then, in case no other medicine seems especially indicated, we can only arrive at the discovery of the direct epidemic remedy by giving each child a different whooping-cough medicine for at least a week, and then compare the results of the individual remedies.

D. *Spasmus glottidis, and Asthma bronchiale.*

In these diseases, whose pathogenesis is still shrouded in obscurity, we ought not from a clinical point of view to be contented with the simple diagnosis which has only a formal value. The classification of the symptoms in relation to the questions which of the respiratory muscles are attacked primarily, and which secondarily—whether the symptoms are produced in a directly central, peripheral, or reflex manner—presents certainly great difficulties; and often it is neither an organic disease nor a dyscrasia that has to be discovered as the ground for selecting *Chelid.* Our proving has furnished a great abundance of asthmatic sufferings—sufferings which afford but little scope for a subjective mode of viewing them.

The affection of the bronchial muscles withdraws itself from our observation. So much the more do the symptoms of tonic and clonic spasms of the laryngeal muscles, and those of the throat, present themselves prominently, which we may look on as reflex phenomena arising from irritation of the sensory nerves of the larynx. The same holds good for the intercostal muscles of which numerous symptoms are collected under the head “Respiration.”

In the choice of *Chelid.* special attention is due to the anatomical seat of the *Chelid.* asthma in the diaphragm, by which it is distinguished over other medicines. That this is the seat of the asthma is shown by the cutting pains and stitches in the hypochondria, with a sense of constriction

there like a chord, and of an animal wriggling in the epigastric region, which is peculiar to diseases of the diaphragm. Also the hiccough, the shooting jerking pains from the lower part of the sternum, right through the back, the pain deep down in the chest, on stooping low, towards the bodies of the vertebræ, brought on by quick walking, blowing the nose, and sneezing, the painful tension on deep inspiration all round the inside of the thorax at its base, the alleviation of pain by eructation because the accumulation of wind in the stomach presses on the diaphragm, causing the clothes to feel tight and consequent anxiety.

We shall often employ *Chelid.* with benefit for asthma, where hitherto *Bry.* and *Arsen.* have been beneficial.

Since most of the *Chelid.* symptoms so distinctly mark pathological conditions, it will not be difficult for any one conversant with it to find out such cases, either of asthmatic suffering from œdema or emphysema, or bronchial catarrh, or inflammation of lungs or chest; also cases of nervous asthma, for which *Chelid.* is indicated, though frequently as a merely symptomatic remedy.

In print I have found but one case of spasmus glottidis treated with *Chelid.*

“A child one year old, grown rather thin, was ill for ten weeks, when medical aid was sought, April 13th. Always on awaking it had a fit of the laryngeal spasm known as ‘asthma thymicum,’ which had become gradually more severe till at last the respiration ceased for some time at each fit. The tongue was thickly coated yellow, and the stools were at last diarrhœic, with a greenish-yellow colour; urine bright yellow, clear, and strongly acid. The child took *Natrum carb.* dr. ij, *Tinct. Chelid.* gtt. v, *Aq. dest.* ʒij, *Gummi Arab.* dr. ij, a teaspoonful every hour.

“On April 14th the tongue was cleaner and three fits had occurred.

“15th.—No fit; tongue all but clean; stool pappy and bright yellow. *Tinct. Chelid.* one drop five times a day. In a few days stool normal; urine normally acid, and no more fits occurred.” (Dommes, *Zeitschrift für wissenschaftliche Therapie*, B. ii, S. 247.)

In the single case of spasmus glottidis which I have met since my provings of *Chelid.*, I have myself seen the rapid effects of this medicine. The child of Mr. O— of H—, eight weeks old, on February 20th, 1864, being otherwise in health, had every day since the fourth after his birth, a fit at various hours, and lasting for one or two hours so violent that the whistling respiration could be heard on coming into the house. The child always perspired profusely at night; the parents said they had given no medicine. *Ipec.* 6, taken for three days, beginning February 30th, four globules three times a day, had not the least effect. But after *Chelid.* 6, one globule three times a day, not a single fit occurred, and with that the night sweat also ceased.

9. INFLAMMATION OF LUNGS AND PLEURA.

Clinical observations by Homœopathic Physicians.

Dr. Teste of Paris (who includes *Chelid.* in a group along with *Capsicum* and *Viola odor.*), emboldened by his four provings reported above, first prescribed *Chelid.* for inflammation of the lungs, especially in the case of blonde, pale, gentle girls (*Traité hom. des maladies des enfants*, 2nd Edit., Paris, 1856). “This very important medicine,” says he, “is an heroic remedy in certain inflammations of the lungs. But it is a remarkable circumstance that *Chelid.* is effectual only when the right lung is affected; in such a case *Chelid.* 12 is to be given from the commencement every quarter of an hour, and afterwards repeated at longer and longer intervals, and almost always with rapid success.”

Dr. Schädler, of Pruntrut (Switzerland), gives the following clinical report. (*Allg. Hom. Ztg.*, B. 63, No. 13.)

“A child suffering from marasmus caused by whooping-cough and insufficient milk from his nurse, seven months old, who had at last with difficulty recovered somewhat by better nursing, *Calcarea*, *Sulph.*, and *Sil.*, was attacked on January 20th without any known cause, with a catarrhal

cough, which, in spite of *Ipec.* 6 and *Bry.* 6, increased daily in intensity.

“26th.—Feverish symptoms came on, and respiration was accelerated (150 per minute); percussion normal, and auscultation showed nothing but bronchial râle. Prescribed *Acon.* 6 alternately with *Bry.* 6.

“27th.—Fever undiminished; pulse 150; respiration 60; cough frequent and violent, with frequent vomiting of mucus; percussion normal; auscultation—much fine moist râle over both lungs. *Tart. em.* 5.

“29th.—The boy, though his skin feels hot and dry, is pale and fallen away; he sighs often; pulse 160; respiration 70; the sound of percussion in the right scapular region is dull; this spot of dull percussion sound corresponds with distinct bronchial respiration and bronchophony. Prescribed *Phos.* 6 every three hours.

“31st.—The dull spot has increased in extent, and so nearly included the upper half of the right lung. All over this portion bronchial respiration and bronchophony. *Phos.* 6.

“February 2nd.—Cough, respiration, and the other local symptoms, the same. The boy is getting weaker and weaker, moans and sighs much. *Sulph.* 6 every four hours.

“4th.—Still no sign of resolution of the hepatization; he is as pale as death, with countenance much sunken and constant sopor; for the last twelve hours refuses the breast; distortion of the eyes; slight convulsive twitches in the face and limbs; strong rattle in the throat; extreme weakness; in short, his state is so bad that his speedy dissolution was expected. *Chelid.* 12, one drop in 1½ oz. of water, a teaspoonful every two hours.

“5th.—Quieter night; some hours' natural sleep; no more twitching; face less sunken; he takes the breast again; cough diminished; respiration easier, 50; percussion and auscultation still the same.

“7th.—Improvement of general symptoms; pulse 120; respiration 45; the extent of the dull space diminished to about half, whilst the bronchial breathing corresponds to this improvement; slight râle in the rest of the lungs. After

going on for a week with *Chelid.* in less frequent doses, daily improvement, and during the next three weeks, the hepatization was entirely resolved. Since the end of March, when he suffered for fourteen days from bronchial catarrh, he coughed no more."

Schädler further relates an account of a cure communicated to him in a letter by Dr. Krieger, of Bern.

Mr. S—, engineer, æt. 30, sanguine and strong, got a violent pneumonia in the right side in consequence of a cold. *Acon.* and *Bry.* soon produced improvement. Short breath, hæmoptysis, increased frequency of pulse and the signs of auscultation disappeared almost entirely within four days. On the fifth day a chill, caused by airing the room, and relapse; violent fever, delirium, frequent dry painful cough. On the right side posteriorly dull percussion sound and fine crepitating râle. On the left side normal percussion sound, increased vesicular sound. Prescribed *Aconite*.

On the sixth day, in the morning, on the left side posteriorly dull percussion sound, fine crepitation; on the right side marked bronchophony; brownish bloody sputa; great dyspnœa. Pulse 130. Prescribed *Acon.* and *Bry.* alternately. No improvement in the evening. Night very bad; constant cough, violent shooting, much delirium.

On the seventh day no improvement. In the evening *Chelid.* every two hours. On the following day improvement; after the third or fourth dose greater quiet, less cough, less expectoration of blood, easier breathing; resolution on the left side; on the right still great dulness of percussion sound, decided bronchial respiration and bronchophony.

On the ninth day further improvement of the general state. Fever much allayed. The patient sat up in bed; last night good and long sleep. Cough and shooting almost gone. The remaining hepatization was resolved in a few days under the use of *Sulph.*

Dr. Chaillet, of Blamont, told Schädler that for several years, on Teste's recommendation, he had used *Chelid.* in pneumonia of the right lung, and also in pneumonia of

the left lung, after *Acon.*, and when there were violent stitches in the side after *Bry.*, and that he was much satisfied with the results. He ended by saying: *further more extensive provings, which this promising remedy deserves, must show its sphere of action more exactly*, and he advises repeated provings of this remedy which so promptly affects the lungs when in a state of congestion and hepatization.

Schädler's essay first suggested to me the idea of making extensive provings of *Chelid.*, for the provings hitherto made did not seem to be suited to establish for *Chelid.* a place amongst the remedies for inflammation of the lungs. To prescribe a medicine on mere clinical experience for a disease where it is very difficult to determine in every case what nature has done and what is due to the medicines seems to me too hazardous, especially in so common a disease, which often endangers life. Were we to act thus we should fall into the error of the old school—prescribing remedies which rapidly rise to renown, and as rapidly lose it. That it has thus happened with *Chelid.* is the complaint of physicians of the last century. But what we gain by our provings for the indications of a medicine will and must affect its value for all time, if we are careful not to include individual symptoms amongst symptoms of the provings.

It was for me too humiliating a thought that, in so common a disease, in which cures have been effected by other medicines, to which physicians have been guided by adequate provings, it should be necessary to recommend a remedy for the employment of which in this disease there should be no justification. Accordingly I set about the proving, resolved to see if this want of justification existed, because in the previous provings no more grounds were discovered for the choice of this remedy in inflammation of the lungs than for many others which, nevertheless, have not come into use in that disease.

The post-mortem examinations of dogs poisoned with *Chelid.* show a considerable hyperæmia of the lungs, which also seem to be similarly affected in horses; and by arranging together the corresponding symptoms in human subjects under the heads cough, respiration, cavity of the chest,

thorax, back, with the fever symptoms, we obtain a picture more closely resembling inflammation of the lungs and chest than we find in any other medicine, regard being had to the abundance of the symptoms. I call particular attention to the cases which come on at first with acute gastric and intestinal catarrh, and which, in the thickly coated and even dry and cracked tongue, vomiting, diarrhoea, distension of the abdomen, and other gastric sufferings, present a picture still more similar to the *Chelid.* disease.

Teste's assertion that *Chelid.* is only useful in pneumonia of the right side I cannot endorse. Because it displays its principal effect in the liver it will therefore be specially indicated for such pneumoniæ of the right side as are complicated with catarrh of the biliary passages, yellow sputa, and jaundice. Add to this that the physiological symptoms of the right side of the thorax present a more distinctly marked picture of inflamed lungs and pleura than those of the left side, still the difference is not so great as to induce us to abstain from *Chelid.* in inflammation of the left side in cases that correspond in other respects.

For want of more clinical matter I may here subjoin some instances of cure within my own observation where I have used *Chelid.* without considering whether some other medicine might not, perhaps, be more suitable.

OBSERVATION 1.—Wilke, of D—, a servant-man, æt. 59, November 19th, 1865, lay in the street drunk, and next day complained of pains in the back, coughing up blood, tightness of the chest, and kept his bed up to November 22nd, when I was called in.

Status præsens.—The patient cannot raise himself in bed without assistance; short, accelerated, panting respiration, without expansion of the thorax. Percussion—a somewhat dull short sound on each side of the back. Auscultation—bronchial respiration. Pressure close under the short ribs on the right side produces violent pain. Abdomen hard and tense there. Tongue cracked, quite dry on the upper surface, brownish. Pulse 115, small. Hands cool, temperature of the skin otherwise normal. No stool for three days. Short cough, with a little greyish thick phlegm. Complains

of pains, anxiety, and tightness in the upper part of the chest. Great thirst; no sleep. *Chelid.* 1 decimal dilution, 10 drops to 3 oz. of water, half a table-spoonful every two hours.

23rd.—Yesterday evening and early this morning a hard stool; no sleep all night; cough with much expectoration, the nature of which cannot be ascertained. At the same time he perspired profusely. Breathing still quick, but with less oppression of the chest. Pulse as before. The region of the liver less painful on pressure. Tongue of normal colour, not yet quite moist, but sticky; percussion as before; auscultation—undefined râle on the right side. He has to-day for the first time eaten milk soup with relish. 2 drops of *Chelid.* to 3 oz. of water, as before.

24th.—To-day I found the patient sleeping, and breathing quietly. Pulse 75; tongue quite moist and clean; he can take a deep breath without coughing; thirst gone; auscultation and percussion give normal sounds; region of the liver still rather sensitive. Same medicine continued.

25th.—Frosty weather, with a south wind. Patient had violent pain in the sacrum; tongue sticky again; breathing quicker; region of the liver not painful to the touch. Same medicine.

26th.—Has slept all night and great part of the day; tongue moist and clean; appetite good; pulse, respiration, and auscultation, normal.

OBSERVATION II.—Widow Deumeland, of Alvensleben, æt. 55, has suffered all summer long till now with sciatica of the left side, which disappeared after *Rhus*, but afterwards reappeared and hindered her in walking. Five days ago she felt constriction in the throat, with heat, anxiety, pains in the chest, and short cough, and has not left her bed since, her sufferings having increased day by day. This evening, November 23rd, I was called in. The patient can with difficulty keep upright for stiffness in the back; percussion normal on the left side, very dull on the right side; auscultation: fine dry crepitation on the right side behind; dry heat; much thirst; dry short cough; pulse 95; tongue normal; appetite nil; complains of violent tearing pains in the chest, back, and legs; no sleep.

Chelid. 1, three drops in a cup of water, half a teaspoonful every hour.

24th.—Pulse 85 ; no more crepitation, but large moist râle ; less thirst ; deeper inspiration ; less heat ; moist skin. Same medicine every two hours.

25th.—Frosty weather, with south wind ; till noon no pain ; several hours' sleep ; no heat nor thirst ; about mid-day, after getting up, heat and anxiety returned ; bronchophony.

26th.—Remission of fever and pains ; no other change. Same prescription.

27th.—Hepaticization as before. I now doubted whether *Chelid.* alone could possibly effect the resolution, and so ordered *Sulph.* 0 one powder, in the evening, but still let her go on with *Chelid.* until that time.

28th.—The powder was not sent for because the patient, as she alleged, felt quite well, so had not thought it necessary to take any other medicine to-day ; no more fever ; good appetite ; moist tongue ; percussion clearer ; auscultation : large moist râle, so that resolution is commencing. *Chelid.* 1 three times a day in a few days removed all remains of the disease.

OBSERVATION III.—Goldgräber, a servant-man, æt. 18, otherwise in good health, was seized yesterday with vertigo and vomiting, after a severe rigor.

To-day (November 24th) cough, with blood-streaked phlegm ; pains in the left shoulder ; pulse 95 ; auscultation and percussion normal. *Chelid.* 1, six drops in water, a table-spoonful every two hours.

25th.—Frosty weather, with south wind ; no pains in the shoulder ; stitches in the left side, which do not allow a deep breath ; expectoration of tough glassy phlegm, slightly coloured red ; percussion dull under the left shoulder-blade, over the size of one's hand ; auscultation : moist bronchial râle ; pulse as before. *Chelid.* 1 as before.

26th.—Loose cough ; sputa slightly reddened ; percussion clearer, yet shorter than on the healthy side ; easy inspiration ; stitches less violent ; sleep and appetite good ; no thirst ; pulse 80. Repeat.

28th.—No more suffering; percussion and auscultation normal.

OBSERVATION IV.—Winkelmann, tailor in N—, æt. 51. From childhood the ribs and shoulder-blade on the right side project much both backwards and sideways from spinal curvature, otherwise has never been ill, but from his youth has, from time to time, suffered from such violent headache as to be obliged to go to bed for the day, which ends in eructation; but of late years this is less frequent.

First visit, December 2nd, 1861, at 9 a.m.—The evening of the day before yesterday, after working hard till he sweated, he went out in a keen breeze, lightly clad, and soon after had a severe rigor, which lasted nearly an hour. Since then tightness and pain in the right side of the chest; cough, with bloody sputa; anxiety; heat; thirst; loss of appetite and sleep.

To-day, on his back in bed; cannot raise himself without help; severe dyspnœa; short quick inspirations; interrupted speech; moist burning skin; small hardish pulse, 110; face puffy; lips dry; tongue thickly coated grey; frequent eructation; percussion: dull on the back, right side; auscultation: vesicular breathing not perceptible on the right, bronchial râle; sputa tough mucus coloured with blood; complains of anxiety, tightness, and pains in the right side during inspiration; the breath will not pass on the right; violent thirst; drawing in the back and legs; weariness in the legs. Did not expect to live through the night. Having no *Chelid.* with me, I gave at first *Acon.* 3 in globules, dissolved in water, a table-spoonful every hour. No alteration that evening. *Chelid.* 1, a drop triturated with sugar in a glass of water, half a table-spoonful every hour.

Second day.—Delirium in the night; no sleep; feels the chest relieved after every dose, which was not the case with *Acon.*; pulse in the morning 100; face less puffed; skin of normal temperature. Three drops of *Chelid.* 1 in half a glass of water, a table-spoonful every hour. After the first dose immediately violent tightness of the chest; anxiety; heat in the face, with dark red cheeks. The same after the second, whereupon he took *Acon.* again, and

the aggravation ceased. In the evening he had to take *Acon.* 30 every hour. At 8 next morning *Chelid.* 6 in globules every two hours.

(In the evening the previous moist west wind veered to the north, with a rising barometer. The sky, which had been cloudy and rainy, cleared completely, and there was bright starlight. Thermometer below freezing-point.)

Third day, 11 o'clock.—Delirium at night; sleep interrupted; he had caused himself to be bled to the extent of two cups of blood the evening before, at 10 o'clock, because he had done so before for headache with benefit; the blood contains but little yellow serum, with a thick buffy coat; urine red; skin of normal temperature; hands cool rather than warm; pulse 110, small; inspiration 40; tightness of chest relieved; sputa tough, saffron coloured; stool normal; tongue rather red on the edge, the middle thickly coated grey, with yellow streaks; percussion: dull behind on the right, fine crepitation on the right. *Chelid.* 6 every two hours.

Fourth day, 11 o'clock.—No delirium all night; chest very tight; sleep now and then; liver enlarged, sensitive on pressure; sputa slightly coloured yellow, and not so viscid; pulse 100, small; temperature of the skin not raised; urine with sediment; respiration 40; no stool; tongue as before; percussion quite dull; auscultation: bronchophony, without crepitation. Medicine as before.

Fifth day.—Yesterday afternoon he was able to breathe easier; slept well at night; perspired somewhat, and drank no more; pulse at noon to-day 80; inspiration 28; tongue pretty clean, a red ground with yellow specks here and there; urine clear yellow, without sediment; skin moist; region of the liver free from pain on pressure; percussion normal; auscultation: moist crepitation. Repeat.

Sixth day.—No more symptoms.

OBSERVATION v.—The son of a tutor, L—, of D—, æt. 5, was on a sudden taken violently ill, March 18th, 1862; could not sleep at all in the night; felt great heat and thirst, and complained of pains in the right side. With this he is very short of breath, and has had frequent fits of short dry cough. On my first visit, on March 19th, I dis-

covered at once from the short gasping cough that pneumonia was developed. His face was red and swollen; nostrils inflamed and sore; skin hot; tongue thickly coated white; stool whitish; urine muddy soon after passing; pulse 180, hardish; right hypochondrium tense; percussion dull on the right side of the thorax and about the right scapula; auscultation: bronchial râle. *Chelid.* 6 every two hours.

20th.—Pulse 130, soft; the child was able to sleep at night, and was not so hot; tongue not so thickly coated, red on the edges and tip; nostrils less inflamed; stool whitish, with two round worms; skin moist; urine sherry coloured, with some cloudiness; percussion clearer; auscultation: moist crepitation. *Chelid.* 6 every two hours.

21st.—Sudden frosty weather; yesterday at noon the child had some dumpling from his mother because he asked for it. In two hours much dry heat; anxiety; restlessness; complaining of violent pains in the right side; much thirst; short cough, and increased tightness of chest; no sleep all night, tossing about restlessly; pulse hard again, and 180; dry heat; gasping short respirations; red swollen face; increased redness and swelling of the nostrils; tongue thickly coated, white; urine sherry coloured, clear; percussion on right side of thorax empty and without resonance as far as the vertebral column; auscultation: the respiratory sound hisses clearly in the ear, bronchophony; stool whitish. *Acon.* 3 every hour.

22nd.—Yesterday afternoon improved; sleep now and then in the night; pulse to-day 140, softer; less want of breath; tongue red at the tip; urine clear, sherry coloured; stool whitish; percussion less empty, but dull; bronchophony; sound on inspiration, like that of a bubble bursting. *Chelid.* 6 every two hours.

23rd.—Complete resolution of the hepatization; percussion normal, as on the left side; distinct vesicular breathing, without râle or crepitation; tongue clean; pulse normal; stool slimy, yellowish, with blood; slept quietly all night, and ran about the room enjoying himself to-day.

OBSERVATION VI.—M—, a delicate girl, æt. 9, has had scrofulous inflammation of the eyelids for several weeks.

On April 4th she had suddenly violent stitches in the right side, and had to go to bed ; very hot and thirsty, and could never sleep at night.

9th.—I was called in because she could not endure the stitches and oppression of chest. She could not, without much management, be brought into a position for examining the thorax ; did not like to be touched, as every movement brought on most violent stitches ; percussion all over the right half is dull and empty ; auscultation : sound of breathing and speaking quite inaudible ; on inspiration the thorax is not distended on the right side, and the depressions between the ribs are less perceptible ; no displacement of the heart, liver or mediastinum can be discovered, nor do alterations of posture cause any change in the results of the physical examination ; ægophony ; no cough ; pulse 140 ; respiration 56. *Chelid.* 6 every two hours.

11th.—Pulse 120 ; respiration 40 ; percussion clearer ; auscultation as before ; she can raise herself without pain, and has slept well ; stool hard ; copious perspiration in the evening.

16th.—By continued use of *Chelid.* the sound of percussion is becoming daily clearer. However, by April 13th no sound of breathing was as yet perceptible, and the intervals of the ribs were not yet quite plain, though the ribs did move during breathing. To-day there is complete resorption of the exudation, and normal sound of the breathing. That no hepatization had taken place was evident from the absence of crepitation, and from the commencement of normal breathing-sounds, and that it was the effusion of a *fibrinous* exudation in the cavity of the thorax was proved by the disappearance of the intercostal spaces without displacement of the neighbouring organs.

Since the croupy inflammation of the lungs, even without treatment, sometimes gets well on the fifth (some say even the third), seventh, ninth, fourteenth, or twenty-first day, one cannot infer from the duration of the disease whether a medicine has curtailed its course. Nor could we be led astray by relapses, which, according to my observations for years in the cases of many patients, are brought on by sudden changes of weather, or other hurtful influences,

since such exacerbations cannot be wholly prevented by any medicine. Whether the pneumonia is stopped and its resolution induced by a medicine, we can only estimate by noticing whether each time shortly after taking the medicine the quickness of pulse, dyspnoea, pain and heat of skin diminish, the cough is loosened, quiet sleep and gentle perspiration set in before resolution has actually taken place; since, when the course of the disease is not interfered with, the morbid symptoms go on increasing until the resolution of the infiltration.

If, in the first case, on the third day of the disease, and the first night after taking the medicine, more expectoration came on, on the next day the tongue lost its cracked brown appearance, the appetite was restored, on the fourth day of the disease the pulse fell from 115 to 75, and both auscultation and percussion gave a normal sound, we may well infer that the disease was cut short by the prescribed medicine.

If also, in the second case, resolution commenced on the day after the administration of the *Chelid.*, yet this case proves nothing, since the disease had already lasted seven days.

In the third case *Chelid.* did not hinder the infiltration on the third day, but induced resolution by the fourth day.

In the fourth case, of a severe affection with gastric complication, *Chelid.*, given forty-eight hours after the commencement of the disease, and after *Acon.* had been given in vain, produced alleviation after each dose, brought the pulse down in twelve hours from 110 to 100, and reduced the skin to its normal temperature.

In the fifth case, that of a child, after the disease had lasted twenty-four hours, *Chelid.* brought about tranquil sleep on the succeeding night, and by morning a reduction of the pulse from 180 to 130.

In the sixth case *Chelid.*, given the sixth day of a pleurisy, caused quiet sleep on the succeeding night, cessation of the pains, that had hitherto been violent, and the following morning reduction of the pulse from 140 to 120, and of the respirations from 56 to 40.

(To be continued.)

ON MYALGIA. By Dr. HENRY R. MADDEN.

In 1856 Dr. Inman, of Liverpool, directed the attention of medical men to *Certain painful muscular Affections*, for which he subsequently proposed the name of *Myalgia*, and in 1860 he published his views in extenso. Since that period the term has gradually taken its place in medical literature, and the condition which it is used to express has occupied the thoughts of many observers. My own attention was early directed to his views, since they explained to me most satisfactorily many practical points which up to that time had seemed very puzzling and contradictory; and since I continue to find the suggestions thrown out by Dr. Inman of the greatest possible use in questions both of diagnosis and of treatment, and as, moreover, I have had several cases where a knowledge of this painful affection of the muscles has furnished the key to successful treatment, I take this opportunity of laying before my medical brethren a few hints and jottings upon what appears to me a most interesting and very important subject.

I have no intention of reviewing Dr. Inman's work, but at the same time I shall repeatedly refer to it as the source from which I first learned to diagnose this morbid condition, and I may also take occasion to show how the minute distinctions to which he directs our attention become of much more practical value to us than they can ever be to those who know so little of *specific medication*, and who are consequently reduced to the necessity of treating all their cases upon a few broad principles.

From a careful perusal of his book it will be manifest that Dr. Inman's treatment depends for its success chiefly upon hygienic and regiminal means, and that the help he derives from drugs is very small; and it will be my business to show that, while adopting similar non-medicinal means and substituting our specific drugs, selected according to the individualities of each case, we greatly expedite the cure of the patient.

I will first enumerate a few conclusions derived from Dr.

Inman's work, which will thus lay before my readers an outline of the whole subject.

1. All muscles ache when overfatigued.

2. Weak muscles are easily overfatigued, and hence these become painful after what would appear to be a very small amount of exertion.

3. Fibrous tissues appear to become more "*stretchable*" in debilitated persons.

4. When muscular pain occurs from over-exertion, whether relative or absolute, the pain is most felt at the insertions of the tendons, or at the point of union between tendon and muscular fibre.

5. Weakened muscles are very liable to *cramp*.

6. Over-exerted muscles are apt to contract partially and thus form lumps or tumours, and such contraction is at times tonic, and enduring for a length of time.

7. Occasionally over-exertion produces actual disease of the muscular tissue, either inflammatory or exudative and suppurating.

8. All debilitated persons complain of sundry pains, whose locality is found mostly to correspond to the points of muscular insertion.

The term *Myalgia* is employed to denote all the forms of pain traceable to muscle or fibrous tissue which has been stretched or exerted beyond its power of physiological endurance.

10. Rest is an essential element of the treatment of this affection.

It is impossible to tabulate all Dr. Inman's results, and, in fact, the book must be read if any one wishes to become fully acquainted with the author's views. The points, however, to which I especially desire to direct my reader's attention are contained under the ten heads already noted.

I find it practically of the greatest consequence to bear in mind that the varied pains complained of by patients are often muscular, and that, if proved on examination to be so, *they denote general debility*, unless, indeed, they can be traced to positive over-exertion. The frequency with which these pains resemble serious inflammatory disease, especially

pleuritis, peritonitis, &c., is forcibly urged by Dr. Inman, and I can myself bear witness to the truth of his remarks. But, perhaps, the cases in which this knowledge is most useful, are those wherein these pains have long been considered sympathetic of graver diseases, especially of the uterus and the lungs. Long before the publication of Dr. Inman's views I had been greatly puzzled by these pains associated with uterine disease. In 1843 Sir James Y. Simpson had especially directed the attention of the profession to the want of proportion existing between the amount of uterine disease and the severity of what was called its sympathetic symptoms; and when writing on uterine diseases in 1850 (*Brit. Journ. Hom.*, vol. ix), I remarked as follows: "In the diseases under consideration, I have met with the greatest possible variety in the symptoms complained of, when a physical examination revealed the greatest possible correspondence between the pathological conditions;" and again, "I have found enlargement and ulceration of the cervix uteri in a case examined for another purpose, where there was no detectable aberration from robust health; while I have found the *slightest* form of cervico-metritis where the constitutional disturbance was very grave, and the symptoms had continued for a long time." At the time when the above remarks were penned, I felt convinced that the uterine malady was the primary cause of all these sufferings, and accepted the want of correspondence between the gravity of the local and general symptoms as one of those puzzles which could not at the time be accounted for. The Myalgic view, however, explains the mystery most satisfactorily; but it not only explains this one point, it does a great deal more. For instance, it not only shows that the amount of concomitant pain in distant parts may be taken as a measure of the amount of debility in the patient, but it also shows that the uterus has positively no *direct* connection with these pains at all. In nearly every case of debility the pains will be found, whether the womb is diseased or not, and their frequent disappearance when the uterus is cured only proves that once the health is restored, the pains cease.

But, in point of fact, another of the puzzles which troubled

the profession a few years ago was, that it frequently happened to the uterine doctors to see the local symptoms cured, while the sympathetic pains continued as bad as ever, and it just as frequently happened to the non-specialist to find the general symptoms disappear, while the local physical signs of uterine disease remained *in statu quo*. I can recall many cases of both kinds which occurred in my own practice, viz., of patients who consulted me for severe general symptoms after some leading specialist had assured them the uterine disease was cured; and also of patients whom I had treated by homœopathic remedies, and who, under their influence, lost all their sympathetic pains, and yet the speculum revealed no corresponding improvement in the condition of the womb itself; indeed, it was these very cases which misled me for a time into the use of caustics, &c., a practice which I have entirely abandoned for more than ten years.

I will now proceed to give a few cases in which the diagnosis of Myalgia proved a most efficient guide to successful treatment.

CASE 1.—I was consulted while in Melbourne by a young man, æt. 22, who belonged to a phthisical family, and had come out to Australia hoping thereby to escape the fate of those who had died of consumption in England. He had never himself manifested any signs of the disease. For two years before I saw him he had been living in New Zealand, and had gradually lost his health; he had decreased in weight and strength, and complained much of pains in the left side of his chest; his appetite had gone off; his sleep was unrefreshing, and he had become nervous about himself, fearing that his efforts to escape the family malady had been unavailing, and he came to me to have his chest examined, "because if he were going to die he had rather die at home." I went carefully into his case: I examined his chest, but failed entirely to detect any well-marked signs of tuberculosis. I at the same time ascertained that the painful spots exactly corresponded to the insertion of the greater and lesser pectorals, and on careful inquiry I

gathered that the sequence of events which brought him to his present condition was as follows. He had not been successful in New Zealand, and hence became depressed and lost heart; then his appetite failed and he became languid; then he accepted a situation where he had to lift heavy weights in such a position that the *left arm* was most exerted; then came the pains, which increased until he could no longer retain his situation; and lastly, the despondency and conviction of approaching death. I told him that, while I could not credit him with a strong chest, yet I believed there was no present disease; and that I traced all his pains to muscular over-exertion. I prescribed *Arnica* 6, and at once improvement set in, and within a month he felt quite well and returned to New Zealand to resume his labours. I should have mentioned that he had in addition very irritable cardiac action, which likewise ceased as his strength returned.

CASE 2.—A brother of the above, two years older, came to me in consequence of the benefit his brother had received, and asked my advice for pains of a very similar character affecting the right side of his chest. In this case the general health was tolerable; his spirits were good (he was doing well financially), but still the pains worried him, and he often thought of the fate of his family. Here also I could find no signs of tuberculosis, but abundant evidence of over-exertion of the right arm. *Arnica* 6 speedily cured him.

I had written thus far when I read Dr. Bayes's admirable remarks on *Arnica* in the December number of the *Monthly Hom. Review*, and they recalled to my memory three marked cases of "strain of the heart" from violent running, which I completely cured, and for which, as far as I can remember, *Arnica* was the chief remedy.

CASE 3.—A middle-aged gold-digger consulted me last year. He was much shattered in health, and had been unable to work for several months. He had serious abdominal ailments, but what he complained of most bitterly was, severe pain in the left side of his chest and upper abdomen, and he had been told that both his heart

and spleen were diseased. The pain in his case was situated not only along the insertion of the pectorals, especially their lower portion, but also along the digitations of the external oblique (*abdominis*) and serratus magnus. On inquiring into his history and the kind of work he had engaged in, I found that he had been quartz-mining in a low horizontal lead, where he had to lie down on his left side and use his tools with his arms stretched out beyond his head. This satisfied me that the pains supposed to indicate cardiac and splenic disease were most probably myalgic, and their speedy cure by *Arnica* confirmed my opinion. He had, however, as I before observed, grave abdominal disease, and though better, and much encouraged by the removal of his most trying pains, he was still under treatment when I left Australia.

CASE 4.—A gentleman, who had long led an active country life, and whose general health was good, with the exception of attacks of dyspepsia from carelessness in diet, consulted me for pain and fulness in the right hypochondrium which had troubled him for six years, and which, he had been told, was owing to enlarged liver. My first impression was that he looked too well for a sufferer from chronic hepatic derangement, and on examining him I found that, although the fulness below the false ribs was well marked, the percussion sound was not correspondingly dull; and on inquiry as to whether he had ever injured himself there, he recollected that, before the swelling came on, he had been assisting to brand some young horses, and one of them, whom he was holding down by kneeling on its neck, suddenly got its head free and struck him a violent blow in the right side with the back of its head. I at once traced the connection between this blow and the supposed hepatic trouble, and a fortnight's use of *Arnica* satisfied the patient that I was right. This case is interesting in two ways; first, there was the permanent swelling, of which more anon; and secondly, although *Arnica* quickly cured him for the time and removed the so-called tumour, yet about a year afterwards, when he became more dyspeptic and very low and

nervous, both the swelling and pain in the hypochondrium returned, and varied from time to time according to the standard of his general health.

I will now refer to several cases which have come under my notice where Myalgia has been associated with distinct swellings of the muscles affected—of the nature of these swellings I believe much has yet to be learned. Dr. Inman speaks of them as “tonic cramps,” but I cannot say that this explanation satisfies me. I once had an opportunity, which I trust will never again occur to me, of seeing one of these so-called tumours cut open. The occurrence was as follows :

CASE 5.—Several years ago, and before I had ever heard of Myalgia, I was consulted by a schoolmistress respecting an enlargement between her spine and the base of the scapula, in point of fact in the rhomboideus major, and which she complained of as the seat of a very trying burning pain. I examined the part and found the swelling, but was unable to satisfy myself as to its nature ; and as my remedies neither removed the swelling nor the pain (I never thought of *Arnica*, neither did I advise any cessation from the constant writing, which was its probable cause), the lady consulted a well-known surgeon, who decidedly pronounced it to be a tumour, and assured her that the knife offered the only chance of cure. The suffering was so trying that the patient at once consented to the operation, and I was requested to be present to administer chloroform. I shall not easily forget the blank astonishment of this knight of the knife when he laid bare the *muscle*, but *no tumour* ; he however resolved to remove something, and accordingly he cut out a fillet of rhomboid and stitched up the external wound, and on the lady awakening from the chloroform sleep she was told that it was a muscular tumour ! I thus had an opportunity, as I before said, of examining one of those myalgically contracted muscles, and all the difference I could detect was that it was unusually dark in colour ; it was not examined microscopically. The sequel of the case is interesting—the operation entirely *cured the case* ! and the

compulsory rest of the overworked right arm got no credit at all for the result.

In this and similar cases, *e. g.*, the “phantom tumours” in the abdomen, the swelling consists essentially of contracted muscles, but it frequently happens that the chief enlargement is due to distortion of the point of attachment of the muscle, thus materially complicating the case.

The first instance of this kind which came under my notice was as follows :

CASE 6.—About fourteen or fifteen years ago a young lady whom I was treating for various nervous symptoms came to me in much alarm, stating that a tumour had suddenly appeared under her left breast ; and on examination I found that the swelling consisted of the prominently everted cartilage of one of the false ribs ; not only did the cartilage project, but it was bent with a strong convexity outwards, and I could readily pass my finger into the concavity beneath. I at once assured her that there was no cause for alarm, and I ventured to predict that, as she became stronger, the distortion would cease, and this proved to be the case. At the same time, however, I was utterly at a loss to explain the pathological condition.

CASE 7.—An exaggeration of Case 6 is under my care at present. The distortion is very marked, and the swelling has been diagnosed by various practitioners as “enlarged spleen,” “tumour,” and “disease of the rib.” The exact anatomy of these cases is instructive. On careful examination the inner edge of the swelling will be found to correspond with the outer edge of the rectus abdominis ; and I am inclined to think that the chief myotic contraction in these cases is in the fibres of the diaphragm, which are attached to the inner surface of the cartilages, and pass forwards towards the middle section of its central aponeurosis—contraction of those fibres would naturally tend to draw the ribs forward towards the mesial line and to increase the antero-posterior, while it diminished the lateral diameter of the base of the chest ; but the strong fibres of the rectus

abdominis bind down the cartilages near the sternum, and hence the first point, which is free from this compression, knuckles up and constitutes the projecting tumour. I should mention, that in these cases no pressure from stays could explain the condition, as the one patient never wore any, and the other was so loosely clad that she could "slip through her clothes." In the present case *Arnica* has done her good, but the patient is thoroughly out of order and exposed to much mental anxiety, and as sure as ever she is unusually worried, the swelling increases, and becomes extremely painful.

CASE 8 is a particularly interesting one. A young man, whom I have known since he was a schoolboy, and who a few years ago was under my care for seminal debility, consulted me three months ago on account of pains in his chest, especially connected with the left arm, and he drew my attention to a considerable deformity, about and below the sternal half of the clavicle. He told me he had consulted several medical men, and had been told by some that he had fractured his collar bone and that it had united crookedly, and by others that he had partial dislocation of the bone. On careful examination, I found the clavicle perfectly normal in itself, but so dragged out of its position, that the external end was tilted up, and I found that the first and second ribs were unnaturally approximated to it; all the muscles attached to this part were abnormally full and tense. Altogether this part of his chest had a most peculiar appearance, and he felt as if his arm, head, and upper chest were held together in a vice. The history revealed that pain in this part commenced as much as seven years ago, though no enlargement was discovered until he received a severe nervous shock several months since. Questioning him as to the original cause of the pain, he himself traced it to overexertion with the left arm in dragging a heavy weight. I ordered *Arnica* to be rubbed over the distorted parts, night and morning, and gave three drop doses of *Actæa racemosa* ϕ night and morning internally, and on visiting me a month later, he told me that "within a week the bones

had gone back into their place," and certainly all distortion was removed, though still the muscles near the sternal end of the clavicle were rather full and tender.

These few cases will show the importance, for purposes both of diagnosis and treatment, of bearing in mind the existence of this abnormal condition of the muscles, and I trust that many of my colleagues will be induced to examine carefully into the subject of *Myalgia*, as there are still numerous points which need to be cleared up. In the meantime let me conclude with two cautions.

1st. Let us not exalt *Myalgia* into a *fons et origo mali*. This condition of muscle in most instances simply proves the presence of general debility, and we must seek further, and especially into the previous history of the case, if we wish to do more than palliate our patient's symptoms. A knowledge of this disease of muscle is of great consequence to prevent our misinterpreting the significance of sundry pains, but it would be a sad perversion of our newly acquired information if we rested satisfied that we had gone far enough when we had succeeded in tracing our patients' present sufferings to this cause.

2ndly. We must not expect all forms of *Myalgia* to yield to *Arnica*. I have purposely selected *Arnica* cases because they were striking, and because we have already learned to associate this remedy with the consequences of over-exertion, blows, &c., but I have attended many cases where the pains were equally myalgic and where other remedies were indicated and proved equally satisfactory. I hope on some future occasion to revert to this subject, and to point out the most practical subdivisions of the complaint, together with indications for the various medicines related to it.

HOMŒOPATHY AND CHOLERA IN LIVERPOOL.

By Mr. P. PROCTOR, M.R.C.S., and L.A.C.

As soon as the cholera had declared itself in Liverpool in its late visitation, everything indicated the probability of a serious epidemic; the mortality rapidly ran up, and almost before any one had time to take measures of precaution or prepare for the medical treatment of the cases, the disease had got a firm footing, and was, as usual in the beginning of epidemics, generally fatal. The municipal authorities, under the advice of their medical officers, erected sheds on an unoccupied space of ground in the midst of the infected district, and organized a staff of medical men and nurses to attend the cases taken there. At this time there was a strong feeling amongst the homœopathic body, both public and professional, that some means should be adopted to bring homœopathy to bear upon the disease. Accordingly the committee of the Dispensary accepted the proffered services of the Sisters of Mercy (the English Order, who reside at a short distance from the cholera district) to superintend the nursing and the distribution of food, blankets, &c.; and I may here take the opportunity of remarking that they maintained the character they have gained in London and elsewhere, for seconding the efforts of the medical attendants in the most scrupulous and intelligent manner, and as the *Lancet* observes, "the superiority of lady nurses is now incontestably proved."

A fund was quickly raised to defray the expenses, and a house was taken in the district and used as a dispensary. Some three or four thousand handbills were circulated in the vicinity, to the effect that homœopathic aid might be procured at any hour of the day or night, and advising the immediate application, on seizure, of a bag of hot salt to the stomach, and five drop-doses of spirit of camphor every ten minutes. Rubini's camphor was used and gratuitously distributed. I undertook the duties of the dispensary on the 20th of August, when the cholera was busy on every hand, and applicants for relief immediately began to flock in

—thankful to get homœopathic assistance. The medicines were taken with great confidence, the system having a deep root amongst the poor in this part of the town in consequence of the success of homœopathy in typhus and other fevers, which are continuously endemic here, but which retire before their formidable rival, Asiatic cholera.

The disease was most severely felt in that portion of the town which runs along the line of docks, and is populated chiefly by the dock-labourers and seamen. It lies somewhat low, though with a gradual ascent to the high ground immediately behind it. On this higher elevation, cholera was scarcely known, not more than ten cases having been seen by all the homœopathic practitioners in the town.

The disease having become established, its progress was somewhat regular, until the 18th or 19th of September, when, for about three days, it deepened into malignant intensity and positively *raged*. Every case seized on those days went into collapse at once, from which there was hardly any recovery. It was remarkable that those days were very sultry and oppressive, rain fell almost continuously, the atmosphere was thick and hazy, and the sky dull and leaden. When this state of things changed and the atmosphere was again clear and bright, the disease seemed to pass almost completely away, and with an abruptness that suggested the fear of its returning as suddenly and as fiercely. But from that time (I allude to my own district) the force of the epidemic was broken, and the cases I afterwards got were fewer and milder, the disease, however, showing itself from time to time, up to the 29th of October, when my last case occurred.

Before going into the statistics and treatment of the cases of cholera, I wish to notice the peculiarity of the disease exhibiting itself under a variety of forms and in various degrees of intensity. Here, I am aware, I am touching debatable ground, but with all deference to those who hold the distinctness and completeness of the choleraic seizure, I would submit the following remarks that were suggested by the cases I had under treatment. As regards the intensity, I am not sure that the disease did not now and then take

on an Asiatic strength, and destroy its victim at a stroke. During the violence of the epidemic, I was called on to see a man who was entering his own house, after taking his son's dinner at noon, and who had barely time to say to his daughter, "Oh! dear," and to seat himself on the sofa before he died. When I arrived life was extinct, and his features and fingers looked pinched and bluish. He might, indeed, have died from ordinary heart disease, but the history of the case gave no support to this view. The probability is that in these very sudden cases the cholera does fasten on the heart and paralyse it at once, and syncope then is the cause of death.

A case similar to the above was told me by a medical friend, where the patient, an intemperate lady, of middle age, was seized with pain about the heart, with nausea, but no vomiting or purging or cramps in the limbs, and in two hours she died, the only choleraic appearance being a blueness of the extremities visible immediately after death. He returned a certificate of cholera as cause of death.

Two other cases of sudden death in the fields around the pestilential district suggested the same destructive agent.

In a degree of lower intensity where the organism is more extensively affected, we find a case like the following:

The patient, a strong woman, had one fit of vomiting after dinner, cramps came on in the limbs, and, without other symptoms, she died in five hours at the cholera sheds. Then again we had ordinary cases of cholera, varying from very severe to comparatively mild attacks. Frequently, also, have instances occurred where a person in ordinary health has been suddenly, at church or in the street, seized with weakness and vertigo, attended often with cramps in the stomach, that passed off after a dose of camphor.

These varying intensities of the disease may possibly assist us in determining the mode of death in cholera, whether it is by asphyxia or syncope. In the rapidly fatal cases where time is not given for the development of anatomical lesion, the only explanation that can be offered is, death by syncope.

But when the discharges of this disease have set in, the

blood is altered in quantity and quality, the circulation is impeded, the lungs and the brain become gorged with venous blood, and the heart is exhausted in its efforts to propel the thickened fluid through the vessels. Death is here also caused by syncope, but secondarily through a state of semi-asphyxia. In a more protracted case, such general exhaustion supervenes that heart, lungs, and brain appear to cease acting simultaneously. Cases illustrating these three forms of death came under observation. In the first series, *Camphor*, that went direct to the heart, was the only thing that had a chance of success. In the second series the ordinary remedies, *Arsenicum*, *Veratrum*, and *Cuprum* were required, and in the third, brandy and strong beef-tea were urgently called for at the close of the treatment.

Syncope thus would appear to be the cause of death in all cases. In the first place, from direct paralysis of the heart, owing to the intensity of the seizure; secondly, from morbid weakness, aggravated by a semi-asphyxiated state of the circulation; thirdly, from sheer exhaustion of the heart in common with all the other animal functions; and fourthly, from a semi-comatose state of the brain in secondary fever aggravating the original feebleness.

So much as regards the variation of the intensity of the attack. We pass on to consider the other phase of its peculiarity, viz., its various forms. It is interesting to observe how the cholera analysed itself, as it were, by showing one element of its nature at a time. In one case we might have simply the weakness and giddiness above mentioned, in another, diarrhœa of a choleraic character; in another, choleraic vomiting, then choleraic spasms of the stomach and abdomen; and again, a state of things that I have to denominate choleraic dysentery. This last manifestation puzzled me greatly at first. I found cases reported to be cholera, where there was retching and occasionally vomiting of the ordinary contents of the stomach, not of the rice-water character, accompanied with very severe cramps across the bowels, and with dysenteric straining, and the passage of only a little blood and mucus. These symptoms were sometimes attended with great de-

pression of the circulation, and coldness of the skin. Curiously enough, such cases yielded to the cholera remedies, *Arsenicum* or *Veratrum*, and not to *Merc. Corros.*

Of these partial presentations of cholera, there were 156 cases of choleraic diarrhœa, which yielded to the first or second prescription of *Ars.* 2 or *Ver.* 1. No case went into developed cholera; 83 cases of choleraic spasms of the stomach that were met by *Camphor*, occasionally however, recurring and requiring *Verat.* to effect their removal; and 14 cases of choleraic vomiting, for which *Cup. Acet.* 1st or 2nd trit. was specific.

We now come to the consideration of fully-developed cholera, with rice-water evacuations and more or less collapse and cramp of the extremities, and of these I attended 99 cases. A few others living at a distance could not be visited, but were prescribed for and mostly did well; these I have not included in the list, as there was some difficulty in subsequently verifying the report given by their friends. Of the 99 cases, 14 died and 85 recovered. One of the recoveries should be qualified—it was the case of a boy, æt. 5, who had an attack and recovered in about two days under homœopathy, but in a relapse forty-eight hours afterwards he got into allopathic hands and died in sixteen hours. So that whilst I claim a recovery the case had subsequently a fatal termination. In addition to the 99 cases there were 13 that were ultimately placed under allopathy by means of the pressure applied by the medical staff and other officers appointed to the district. The people being all very poor and uneducated, the friends of the patients were cajoled by promises of ample supplies of wine and brandy, and food, and good strong physic, into the adoption of allopathy, or they were terrified into the same line of conduct by a general denunciation of homœopathy, and the special warning that a homœopathic certificate of death would not be accepted by the registrar. 13 cases were thus transferred to the care of allopathy, and with this unhappy result that 10 of them died in their hands. (On remonstrating with one of the medical officers I was assured it was vain to expect professional

courtesy from them, and that no conduct was too bad if it only succeeded in injuring homœopathy).

In reviewing the cholera cases, the division into three stages is adopted:—1st, the stage when the evacuations have fully set in and cramps are present, but no collapse; 2ndly, when collapse is established, with blueness of skin, pulse nearly gone, voice husky and faint, and utter coldness of the surface and tongue; and 3rdly, the stage of reactionary fever.

Nineteen of the cases were collapsed when first seen, the others being in the first stage or in rapid transition to the second. Eighty cases were thus in a favorable state for treatment, and an objector might say they were therefore extremely mild cases. They were, however, similar to those occurring throughout the town during the entire period of the epidemic, and yielding under allopathic treatment a mortality of over fifty per cent. The extreme importance of getting the cases early under treatment was strongly impressed on my mind from the observation that the chances of recovery are in inverse ratio to the duration of the illness. As Dr. Russell says, in his work on the subject, "The difference that a few hours may make is as great as the difference between an evil thought and the commission of a wicked deed; the one may be averted, but the other is almost irretrievable." In perhaps no other disease are the symptoms so fatal, the fearful loss of vital fluids almost shuts out the chances of recovery. Though the dynamic disturbance be readjusted the patient often perishes from the material injury sustained by the organisation.

Very few of the cases went into collapse when treatment was commenced in the first stage, and only 4 out of the 80 proved fatal. Of the 19 seen first in the stage of collapse, 10 died. With regard to the secondary fever, 11 cases entered that stage, 7 of which recovered; so that only 4 out of the 14 fatal cases had fever, the others sinking in the collapse.

The duration of the attack varied greatly, convalescence becoming established, in some instances, in from six to

twelve hours, and in others requiring as many days. Generally the disease was arrested in its downward course after a dose or two of the medicine, restoration afterwards gradually taking place. In some few instances it was successfully met at its outset by a single prescription, nothing further being called for.

The great interest of this subject, however, to all professional men, and more especially to ourselves, centres in the treatment, and this we proceed to consider.

At the commencement of my cholera practice I was anxious to make every case a test and an illustration of the value of our remedies by their administration singly, as in alternation we are unable to determine how much of the effect is due to each medicine. This plan was therefore followed, and with the results to be mentioned.

Perhaps their relation to the disease will better appear by an individual notice of them. First, then, in order of administration stands *Camphor*, but can we, with Dr. Rubini, say that it also stands first in importance, and stands almost alone? Hahnemann, for one, said no. Its claims, however, having been advocated so strongly by Dr. Rubini, it was incumbent upon all to give it a more extended trial. I gave it in five to ten-drop doses on sugar every five minutes, and repeated it three or four times at the commencement of every case in the early part of the epidemic, in a few instances continuing it for three quarters of an hour. The impression I received from its operation was that it is a more efficacious preparation than the weaker solution hitherto used, and that it is invaluable in the initial shock to the system when the chill, the prostration and giddiness, set in; that it is also extremely valuable for the abdominal spasms at the same early period of the attack, but that when vomiting and purging supervene it is of little or no use. So far from alleviating the sickness it brought on a fit of vomiting almost as often as it was repeated, and seemed to distress the patient who asked for cold water instead. I soon felt satisfied that it was useless to attempt to restore the circulation in collapse and to warm the limbs by increasing the quantity of *Camphor*, and

therefore put it aside as soon as the first or second dose failed to make an impression. Although used as the opening treatment of nearly every case, it was only successful, by itself, in restoring two cases of decided cholera. We should not, however, forget that, like other powerful stimuli, *Camphor* may impart such an activity to the nervous system that other symptoms besides those it is in homœopathic relation to may be removed. We are not without instances where *Camphor* has arrested rice-water evacuations, but this is not the sphere of its homœopathic action.

It was noticed that when the *Camphor* was given for abdominal spasms the relief was but temporary in many instances, and recourse was had to it again and again. In some cases *Veratrum* was required to suppress them permanently. In one case the *Camphor* was pushed for three-quarters of an hour and still the pains continued (no vomiting or diarrhoea being present); *Veratrum* was then used and the relief was most complete in half an hour. On the other hand, *Camphor* arrested the spasms in a similar case where *Veratrum* totally failed. We place *Camphor*, therefore, at the first stage of the treatment, but are inclined to ascribe to it a greater efficacy in its own sphere than was previously awarded, and are indebted to Dr. Rubini for placing in our hands a more energetic agent.

Next in general order of administration comes *Veratrum*, which was suitable when the vomiting and purging had commenced, the indications for it being a degree of violence of the vital actions, profuse vomiting and purging, and severe cramps in the abdomen and limbs. It seemed unsuited to the quieter and more oppressed cases where the choleraic poison, if poison it be, crushed out all reaction. In 27 cases it was alone sufficient to grapple with the disease (*Camphor*, of course, preceding it), leaving the cases suitable for convalescent treatment. The doses administered should be mentioned. Seeing the benefit derived from the stronger preparation of *Camphor*, the question presented itself whether the lower preparations of the other remedies would not also show greater efficacy. My first few cases treated with the 2nd and 1st dilutions of *Vera-*

trum were not so satisfactory as I could wish. I then tried cautiously *Veratrum* ϕ , and finding better results, subsequently gave to all but mere children the *Mother Tincture* in the proportion of five drops to a teacupful of water, teaspoonful doses at intervals of fifteen or thirty minutes. This was about equivalent to drop-doses of the first decimal dilution. Anything like aggravation was out of the question.

Arsenicum generally came next in order of administration, although sometimes requiring to be given at once. It also was given in the stronger form, the 1st trituration being used. For choleraic diarrhœa the 2nd was invariably efficacious, but in cholera the 1st seemed preferable. The results were very marked and satisfactory. In 33 cases, after *Camphor*, *Arsenicum* was given alone and with success. It was most useful in those cases marked by the gravity of the attack and a want of resistance, utter prostration, rapidly approaching collapse, and diffused pains or spasms over the abdomen, not localised as in the *Veratrum* cases.

Cuprum aceticum was the medicine generally used next in order. In but one case was it sufficient of itself—that was the case of a young woman in whom the purging was very slight, the vomiting and cramps of body and limbs and the coldness being the chief symptoms. For the cramps it was unquestionably the best remedy, and I may say for the vomiting also. In the stage of collapse I gradually found myself trusting mainly to *Cuprum*, and the impression is very strong on my mind that in collapse it is the most reliable of the above-mentioned remedies. It appears to go deeper into the organism and to fasten upon the disease with a quieter but a firmer and more tenacious grip. Certainly it accomplishes much by keeping the stomach quiet and thus enabling us to introduce and retain what other medicine, or stimulant, or nourishment, we may desire. In the 4 cases of collapse in which it was given its usefulness was most gratifying. It does not, however, control the purging. *Phosphorus* appeared to be its complementary medicine in that respect. *Cuprum*, like *Arsenicum*, was used in the 1st trituration.

Phosphorus was of great use in arresting the drain of brownish fluid from the bowels after the other symptoms were removed. In 2 cases it rendered signal help in this way. It was given in the 1st dilution.

Tartar emetic was used in 2 cases for vomiting, which was the prominent symptom, and seemed to call for it, but no relief followed. This drug should be a very useful agent, for the choleraic symptoms are strongly marked in cases of poisoning by large doses. We have the prostration, the collapse of circulation, the vomiting and purging, and the cramps of cholera, very plainly manifested. I should be disposed to give it a fairer trial were another epidemic unhappily to visit us.

Secale disappointed me. In 2 cases I tried it in the painless watery stools that remained after the other symptoms were removed. Possibly it had not sufficient time allowed to develop its curative action. *Phosphorus* was substituted and accomplished their suppression. The fully-developed symptoms of *Secale* are strikingly analogous to cholera, but its action is slow and time appears to be necessary for their appearance. Its sphere would seem to lie more in the vegetative processes of the economy, whilst cholera affects the higher sphere of the ganglionic system.

Aconite was useful in the 1st dilution in 3 cases of reactionary fever. It seemed to have some influence in restoring the urinary secretion, which certainly returned after it had been given for a few hours. In the cases that sank during the fever this secretion was quite suppressed.

In reviewing the treatment the impression remains that a more closely analogous remedy is wanting to meet the cholera poison on equal terms. Our present remedies have too much of an inflammatory character, therein differing from cholera which presents us phenomena of paralysis of the nerves and muscles of organic life merely, without a trace of inflammation; engorgement of the vessels, a thickening of the blood, and exudation from the mucous surfaces (occasionally also from the serous ones), being the only post-mortem appearances and the only known important

pathological results. The remedy should have the diffusibility of *Camphor*, the strength of *Arsenicum*, and the abiding grasp on the tissues of *Cuprum*. Possibly such agent may be realised in some of the hydrogen compounds with the metals or metalloids. Arseniuretted and phosphuretted hydrogen suggest themselves, and if even these could be obtained in solution of a definite strength, and convenient for administration, we might find ourselves in a better position for opposing the enemy in any future invasion.

REMARKS ON DR. BALFOUR'S INTRODUCTION TO THE STUDY OF MEDICINE.* By Dr. DRYSDALE.

IN the above very interesting work Dr. Balfour reviews the progress of therapeutics in Britain especially during the last twenty years, giving the history of the remarkable change that has come over general medical practice in respect to the use of bleeding in acute diseases. The cause of this change is directly attributed to homœopathy, in this passage from p. 64:

“Equally, unquestionably, we owe much of our present knowledge of the powers of nature in the cure of disease, as well as the present revival of the system of treating inflammations without bleeding, to homœopathy.”

It must also be admitted that Dr. Balfour's report of his visit to Fleischmann's Hospital in 1846 was the immediate occasion of the rapid spread of that change of practice in England. We naturally feel an interest in the inquiry why his report produced such an effect, while the same facts reported by those of our body who had visited the hospital previously had little appreciable influence on the general body of the profession. Five years before Dr. Balfour, Dr. Russell and I had gone through the same

* *An Introduction to the Study of Medicine*: to which is appended a Report on the Homœopathic Treatment of Acute Diseases in Dr. Fleischmann's Hospital, Vienna, during May, June, and July, 1846. By Dr. G. D. Balfour. Edin., 1865. Ad. and Ch. Black.

course of study at Vienna, and on our return we made known to the best of our ability the statistics of an hospital where for six years acute diseases had been treated with marked success on principles totally opposed to the prevailing doctrines, and which ought to have interested the profession. Doctor (now Sir William) Wilde also, who lived in the same house and visited Fleischmann's Hospital along with us, published an account of the same in his book on Austria. But, no doubt, partly because that book belonged to general literature rather than medicine, and partly because we ran counter to preconceived ideas in attributing Fleischmann's success to the homœopathic treatment, these reports produced little apparent effect on medical public opinion. They must have had an effect nevertheless, and contributed silently to the growth in this country (for the expectant method had for long had adherents on the Continent) of the party of reaction in favour of nature against over-active and especially depletive treatment, headed by Sir John Forbes; so much so, that when Dr. Balfour proposed to go to Vienna, he was requested to furnish a report from personal inspection of Fleischmann's Hospital. This was done, and the report was published in the *British and Foreign Medical Review*, of which Sir J. Forbes was the editor, and proved the starting-point of the discussion which has resulted in the nearly general abandonment of depletion in inflammatory diseases; not, however, without a severe struggle, for the partisans of the *Lancet* stoutly defended their time-honoured weapon. The interpretation put upon the homœopathic statistics by Sir J. Forbes, Dr. Balfour, and others was this:—They first assumed that the homœopathic treatment had no positive influence at all; and then, to account for the facts, they were forced to presume that the effect of bloodletting and depletion was positively so injurious that they not only neutralised all the good of ordinary medical treatment, but made the result much worse than if the patients had been left to nature alone. This was more than the opposite party could stand. Of course, they were quite ready to accept the nihilism of homœopathy; but it was entirely out of the question that that

should involve the conclusion that they and several preceding generations were totally wrong, and had followed a practice so bad as to be positively more fatal than doing nothing. Accordingly, a new hare was started, and the chase led off in quite a different direction. A theory was invented in Vienna, and eagerly caught up in Edinburgh, that by a remarkable coincidence, just when the homœopathic treatment began to make an impression, the human constitution underwent an extraordinary change, and where formerly acute inflammations from traumatic causes and vicissitudes of the weather found in bleeding their best if not sole remedy, now the same diseases, arising from the same causes, receive nothing but injury from that practice. This extravagant notion of change of type in common, non-specific diseases is now nearly, after fifteen years' contest, exploded, and will, I think, receive the *coup de grâce* from the excellent chapter of Dr. Balfour on the subject. How, then, are we to get out of the dilemma in which we are placed by the above extreme form of the argument? In this way, I think; we have all been to some extent wrong. It was shown by the purely expectant treatment of Dietl on a large scale, that the mortality in pneumonia when left to nature amounts to 7 to 9 per cent., which is only about 2 to 3 per cent. greater than the homœopathic mortality. Now, we of the British school, who had been educated in the belief that acute pneumonia would scarcely ever recover without active depletive treatment, naturally contrasted the homœopathic mortality with that of the ordinary allopathic mortality of 20 to 30 per cent., and ascribed the whole balance in favour of homœopathy to the intrinsic positive power of the remedies. This is now proved to have been an error, and only a part of the balance of bare mortality can be put to the credit of homœopathic medication; but this correction by no means warrants the assumption of the nullity of that treatment again put forward in triumph by the allopaths, who think nothing of pulling down their own house if they can only bring us down along with them. To examine this matter more closely, let us quote with Dr. Balfour the commentary of Dr. Alison on it when first

brought forward, and already noticed by Dr. Black in this Journal soon after.

Page 57.—“We must admit, I think, that this practice has appeared, on fair inquiry, to be more frequently successful in inflammatory diseases than could have been expected: *i.e.*, the practitioners who have thought themselves justified by that theory (homœopathy) in trusting more than we do to the provisions of nature, aided only by regimen, for the cure of such diseases, have had fewer deaths and better recoveries than we should have expected.”

Page 58.—“The part of the statements of those witnessing such practice which I was most inclined to distrust, was the assertion that the convalescence of the patients thus treated was usually more rapid than that of patients with inflammatory complaints treated by fuller evacuation. But, on watching the progress of cases of the kind, I have been satisfied that the observation is correct; the absorption of the inflammatory effusion in such cases, even when very extensive having often been effected with remarkable rapidity, and the subsequent rapid recovery of strength having indicated that the blood, although it must have undergone a change in the course of the inflammation, had quickly recovered its natural properties.”

The points touched by Dr. Alison are very important indeed. As regards the first—viz. the mere mortality—it might well be that the admitted drawbacks of bleeding might overbalance the good of it without disparagement to the medical art. That would merely be a single error, whose correction would leave the art of medicine the same, only better than before. But if it were really true that the process of recovery is more complete and rapid under do-nothing treatment, as he calls the homœopathic, than has ever been seen before or since, then that strikes at the very root of the whole medical art. The means of solving this difficulty were not in existence when Dr. Alison wrote; but now comes Dr. Balfour, sixteen years afterwards, professing to treat the question philosophically and with a knowledge of homœopathic literature; and how does he meet it? Why, by ignoring all the data which can alone really touch the question—viz., those of Tessier, Dietl, and

Henderson—and falling back upon a selection of 200 cases of pneumonia by Skoda, Fleischmann, and himself, whose only point of resemblance was that they were treated without bloodletting. Besides omitting bloodletting, Skoda's cases were treated variously, but chiefly with $\frac{1}{4}$ -grain doses of *Corrosive Sublimate*, or 6 to 10 grains of *Nitre*, Fleischmann's homœopathically and Balfour's empirically, or, as he calls it, neurotically. The results are all lumped together, and show in a general way, as above said, a much better average than the ordinary allopathic treatment, including bloodletting. It is really quite unpardonable that at this time of day Dr. Balfour should offer this to the medical public as the real state of therapeutic science, after the masterly and exhaustive analysis of the data by Professor Henderson in this Journal in 1852. It will, therefore, be well to recall to mind the chief conclusions drawn by Dr. Henderson in that remarkable paper, and then afterwards briefly notice what has been subsequently published on this subject.

Dr. Henderson, after remarking that the larger statistical returns of Dr. Fleischmann in which merely the mortality is reported are not available for minute analytic comparison, proceeds to compare a moderate number of cases of pneumonia observed with the requisite accuracy, viz., 52 cases—41 by Tessier and 11 by himself—with similar cases by Louis, Bouillaud, Walshe, Taylor, and Peacock. All of these are again compared with Dietl's 189 cases treated really by the expectant method, viz., rest and careful diet alone. All the circumstances that bear on the mortality and duration of the disease are carefully gone through, viz., age, sex, complications, seat in the upper lobe, double, and epidemic constitution. In none of these, fairly estimated, was there any advantage on the homœopathic side, and in some it was the other way. The comparative mortality is shown to be 24 per cent. for the allopathic, including bleeding or large doses of *Tartar Emetic*, which were equally noxious and fatal; 7·4 per cent. for Dietl's expectant cases, and 5·7 for the homœopathic. The close correspondence between the two latter of course offers unimpeachable evi-

dence in favour of the general accuracy of the homœopathic statistics, and I am sorry to see that Dr. Balfour does not even yet make the *amende honorable* to Dr. Fleishmann for the insinuations he formerly made against him on this score. To account for the small natural mortality of pneumonia, Dr. Henderson puts forward a theory, viz., that when the inflammatory process reaches a certain extent, it is checked by the mutual compression exerted by the air-cells filled with exudation, just as orchitis is sometimes arrested by strapping. However this may be (and it does not apply to croup, peritonitis, &c., in which we are equally successful), the knowledge of the small mortality under expectant treatment is useful to us also, as it enables us to treat acute inflammatory disease with more calmness and give the remedies better play than when we shared the opinions once generally held by the profession, and still mostly by the vulgar, that very active treatment is essential to saving life in these diseases. As homœopaths, we may be quite impartial about blood-letting, for a negative agent, and therefore not incompatible with homœopathic treatment, in fact may even aid it in moderation, and Professor Arnold has proposed it should be used by us in proper circumstances. But this result of Dietl's brings into relief the great personal sagacity of Hahnemann and his acuteness of observation when he penned this sentence: "Experience teaches us that sufferers from acute diseases left to their own vital powers alone, without the interference of allopathy, do on the average recover more speedily than when treated by the old plan."

So much for the first point, viz., the bare mortality, in which the homœopathic shows only a gain of about 2 per cent. over the expectant method. As to the second; do these data furnish us with proofs of positive curative influence residing in the homœopathic medicines? The affirmative evidence is given by the *duration of the disease*. Here again Dr. Henderson makes the same comparative analysis, and the result is that the average duration under the expectant plan as given by Dietl is 28 days, whereas under the homœopathic it is $11\frac{3}{4}$. "This very remarkable result places beyond all rational doubt the claim of homœo-

pathy to a high degree of curative power in pneumonia. The cases under the expectant treatment lasted on an average sixteen days longer than the homœopathic cases." Besides this, if we look more into details, we find that about one third of the expectant cases were prolonged to between thirty and sixty days, while less than one eighth of the homœopathic lasted above eighteen days. Grisolle also treated eleven cases by the expectant plan; and though they were mild cases in young persons, the commencement of resolution occurred on the twelfth or thirteenth day, and the cure was not complete till the twenty-second to the thirtieth. From a further close comparison of details, Dr. Henderson concludes that the facts prove that "homœopathy cures and saves life in a different way from that in which unassisted nature does in this disease: it tends to cut short the disease by *preventing* exudation, or restraining it within very narrow limits both of extent and degree."

Thus the second point which proved so "staggering" to Dr. Alison is cleared up, and the claims of medicine to a positive influence in the cure of pneumonia are vindicated, though not exactly as he expected. The same applies to other acute inflammations. In addition to these results, several therapeutic phenomena in the cure of pneumonia were observed by Tessier, and verified with the exactness of the numerical method. Among these we note that in all cases the disease was making progress up to the moment of treatment, and that within twenty-four hours an amelioration began and proceeded rapidly to cure. Under the influence of *Bryonia* there was a remarkable fall of the pulse, often from twenty to thirty beats on the day of its administration.

Since the above statistics, we have additional reports of Tessier's general mortality, and also additional on pneumonia by Dietl; also on the same by homœopathic authorities, viz., Reiss, Wurmb and Caspar and Fleischmann, which I may subjoin, and it will be seen that the above conclusions are borne out on a larger scale. It is to be regretted that Dr. Tessier's death has closed our source of French homœopathic hospital statistics for the present; and

as the *concours* is now abolished, there is little present prospect of a homœopath getting into the Parisian hospitals while the existing state of decrepitude of the medical faculty lasts.

We have a comparative report of the general mortality for the years 1849, 50, and 51, of the cases treated in two wards containing 100 beds under homœopathic treatment by Dr. Tessier, and two wards containing 99 beds under the ordinary treatment by MM. Valleix and Marotte. These series occurred at the same time and in the same hospital, viz., St. Marguerite in Paris. The conditions are therefore to be presumed equal, especially as the admissions are under the same control.

In the homœopathic side, there were 399 deaths to 4655 admissions = $8\frac{55}{100}$ per cent., or 85 per 1000.

In the allopathic side, 411 deaths to 3724 admissions = $11\frac{3}{100}$, or 113 per 1000.

This is merely given to show that the general results of the two methods are as favorable to our method in Paris as in Vienna, as of course we know they cannot establish a definite conclusion as to special cures.

But since Dr. Henderson's paper we have some more experiences of the expectant method in pneumonia, which detract from its original reputation, and to that extent enhance the positive value of the homœopathic, if, at the same time, it does the same service to the latter kind of allopathic treatment since prevalent. In 1852 Dietl had published the results of a total of 750 cases of pneumonia left to nature, and the mortality was 9·2 per cent.

Again, in Dr. Mitchell's report of pneumonia in the General Hospital in Vienna from 1847 to 1856, the mortality averaged 24·4 per cent., but varied considerably even to 10 per cent. in different years; but also widely in the different divisions of the same hospital. It was lowest in the division appropriated to diseases of the chest, where it was 14·7 per cent. In this division bleeding is not used, and in other respects the treatment is simple and nearly expectant. This is so much in favour of Dietl; but, on the other hand, Dr. Schmidt in Holland tried his plan on 47 cases, and the

mortality rose to 23 per cent. Dr. Bordes, another Dutch physician, did the same in 1855, and found a mortality of 22 per cent. In consequence of these, and also the difference of mortality in the Prague hospitals where the treatment was also expectant, almost, if not quite, distrust of Dietl's results became felt, and in 1854 there was an inspection of 105 fatal cases of pneumonia, of which 92 had not been bled.* This would give, it is stated, a mortality of 20·7 per cent. I do not know what Dietl has to say on the other side, but it is plain that subsequent experience has tended to tarnish the lustre of the expectant method very notably. Dr. Caspar, in answer to Dr. Eigenbrodt (who is a kind of German Balfour—having eyes but seeing not) has brought the homœopathic statistics in close analysis up to a later period than Dr. Henderson, and with the same result. He has compared our treatment with the boasted ether and chloroform inhalations, and found the latter wanting, showing a greater average mortality, and also that the cases were *selected*. He establishes the conclusion that the homœopathic has a smaller mortality and shorter duration than the Prague or Dietl expectancy, or than the ordinary allopathic, or the so-called physiological school treatment.

In the Hospital of Roubaix, Dr. Liagre treated, in the seven years from 1856 to 1862 inclusive—allopathically, 69 cases of pneumonia, with 19 deaths; in 1863 and 1864, homœopathically, 32 cases of pneumonia, with 2 deaths.

Annual reports of the Leopoldstadt Homœopathic Hospital of Vienna have appeared in the *Allg. hom. Zeitung*, showing the usual homœopathic average mortality from pneumonia.

Finally, we have Fleischmann's report, 1858 to 1865:—Pneumonia 299, mortality 21, about 7 per cent.; peritonitis 52, mortality 3, about 6 per cent.; dysentery 43, no death; erysipelas 247, mortality 4, below 2 per cent.

We have thus a series of cases for about thirty years, in tolerably sized hospitals in Austria and France, presenting

* At page 369, vol. xviii, *Brit. Hom. Journ.*, the word "not" has been omitted by a typographical error.—ED.

a uniform mortality of 4 to 7 per cent. for pneumonia, and corresponding success in other acute inflammations, amid all the chances and changes of medical practice going on during that period. This is truly a remarkable spectacle ; and when we reflect that for twenty-five years the largest part of it, namely, Dr. Fleischmann's, has been with one single medicine, viz., minute doses of *Phosphorus*, we have a body of experience for pneumonia unequalled in the records of medicine, and which should be valued as a point of comparison as well for our own as for general medicine. We must also remember that no other collection of cases has ever professed to surpass the success of the above ; and of those that have professed even to equal it, none have shown such a large number, and therefore the same presumption of correctness. When we consider all this with the eye of philosophy, or even (which is often the same thing) common sense, what can we think of the republication of Dr. Balfour's report of a three months' visit to Fleischmann's Hospital twenty years ago ? Is it not simply an anachronism in our day ? and as regards the substance of it, viz., that the apparent success of the practice is brought about by fraudulent manipulation of the statistics, what are we to say to that ? Is it conceivable that Drs. Fleischmann, Reiss, Wurmb, Caspar, and Tessier have all gone on without consent, in Vienna and Paris, carrying out a vast conspiracy of fraud and trickery throughout thirty years similar to that so cleverly detected by Dr. Balfour in his three months' visit to Dr. Fleischmann's Hospital in 1846 ?

— If this is the only alternative to the simple belief of the fact that the homœopathic treatment has a positive and powerful beneficial action, and if any one really accepts it, then truly we must admit that the credulity of the sceptic surpasses that of the most ignorant and simple.

Another thing strikes us forcibly. When arguing against homœopathic treatment, the non-depletive treatment plan is always spoken of as synonymous with expectant or do-nothing treatment ; and as the homœopathic results are admitted to be very good, the expectant method is greatly praised. But does any one imagine that is an expression

of real opinion, and is carried out in practice? If so, he would be greatly deceived; for if any one writer admits the expectant practice to be better than allopathic treatment, he carefully adds that it is somebody else's allopathic treatment, not his own! For instance, Dr. J. Hughes Bennett shows by statistics that the expectant or homœopathic treatment is infinitely better than the allopathy of such benighted and old-fashioned people as the Cullens, Gregorys, Alisons, and such like; while of course it is not to be compared with his new-fangled restorative treatment (which is mainly a kind of coarse homœopathic or specific treatment). Dr. Balfour again makes small case of Bennett's allopathy; but expectant treatment won't do for him, and is not to be compared to his more new-fangled "neurotic" treatment (which is again only a less coarse kind of homœopathia). In like manner, not one of the others really believes in or practises the expectant treatment in acute inflammations, though all admit the homœopathic treatment to be better than allopathic modes of treatment other than their own. The inference from this is plain, that the homœopathic treatment, over and above the benefit of non-depletion which it shares with the expectant, must have at least any positive good of average allopathic treatment, and probably much more if our reading of the statistics is correct.

With these proofs of the positive virtue of homœopathic remedies, we come back to the question how it was that Dr. Balfour could draw such indifferent conclusions from his visit to Fleischmann's Hospital. No doubt, it was through the fallacies of hospital statistics.

The great difficulty of getting satisfactory comparative results of different modes of treatment by striking an average of all disease lies in the imperfection of nosology and its want of uniformity. There must be in every hospital a large number of cases of which the name of the disease under which they are reported gives little idea of the exact nature of the disease, and almost none of its intensity. Among these we may recall to mind gastric disorder, diarrhœa, catarrh, rheumatism, gout, neuralgia, liver complaints;

likewise the more important speculative views on pathology which appear from time to time have a most disturbing effect on the nomenclature and prevent the comparison of diseases. As, for example, during the time of Broussais' influence, one would imagine that an epidemic of gastro-enteritis had swept over Europe, and filled a third part of the hospitals for a series of years; nothing of the kind, we know, took place, but the cases were, no doubt, just what they always had been. Still, the statistics for that period would be quite spoiled for comparisons. With these sources of fallacy, the bare comparison of the average mortality of one hospital with another goes only a small way towards deciding the effects of treatment. It is quite otherwise with the comparison of well-defined individual diseases—in these the numerical method is no doubt the true, and in some the only one to attain any certainty. For example, in cholera, smallpox, typhus, &c., what possible information could the mere fact of recovery or death of a single case give as regards treatment? This is well illustrated by the apparent inconsistency of Dr. J. H. Bennett, who, when Dr. Balfour first brought forward the homœopathic and other statistics of the successful treatment of pneumonia without bloodletting, spoke in opposition, and remarked—

Page 7.—“Dr. Balfour had attempted to establish the benefits of a ‘do-nothing’ practice’ from the results of statistics. Medical statistics were altogether fallacious, and undeserving of the slightest confidence.” (Speech of J. H. Bennett, June, 1847.)

Ten years afterwards, when the superiority of the non-depletive method was pretty generally established, Dr. Bennett, who had in the meantime adopted it, and apparently persuaded himself that the change was somehow or other brought about by him, expresses his reliance on medical statistics as the only means of proving the superiority of one treatment as compared with another.

For these reasons we can understand how Dr. Balfour attended the homœopathic hospital at Vienna for a considerable time and brought away an impression so different from ours. The fact is, he went there solely to look for the con

firmation of a preconceived idea, and he naturally found what he looked for and nothing more. For the rest, he had only to shut his eyes resolutely to all evidences of positive cure in individual cases, and explain away their influence on the average mortality and duration of illness by the above balance of positive evil of bleeding, and by presuming an increased proportion of trivial and nosologically exaggerated cases, and the thing was done. This is, in fact, just what he did, as seen by the following quotation from page 265 :

Appendix, page 265.—“I feel convinced that the secret of Dr. Fleischmann's great seeming success lies in the fact of the admissions and dismissions being entirely uncontrolled, and there being no check on the diagnosis. Rarely other than well-marked cases have their diagnosis written on the board at their bedhead, the others being left blank, and entered in his book of course as he pleases.”

Very different would have been the impression upon an observer with an unprejudiced and candid mind, if he had seen the cures witnessed and sometimes actually reported by Dr. Balfour, and followed the study of individual diseases out in their whole bearings, instead of lumping up into a general average a number of heterogeneous diseases, each too sparingly represented to furnish sufficient data for correct conclusions. Let us look at one of the cases reported by Dr. Balfour :

Page 278.—A. S., a woman aged 45, admitted July 14th, stated that for eight days she had been affected with bowel complaint, having had thirty stools in the course of each day. Each stool consisted of watery mucus mixed with blood, and was accompanied by straining and griping. She has headache, feverishness, and sweats much, sleeping little ; the pulse is full and accelerated, the tongue coated and moist (*Sublimate*, 3rd dilution, every third hour).—15th. Has had only one stool since admission, and that one without blood, free from pain, and more natural ; slight pain in abdomen on pressure. Her bowels were not again opened till the day before dismissal, when she had a natural stool ; the pain in the abdomen had disappeared entirely. She was dismissed on the 20th of July.

Now here is something that would strike a candid observer as very remarkable. The patient had been for eight days in the state described, and passing thirty stools a day; but, from the time of beginning to take the medicine, the disease is arrested, and the case goes quickly on to complete recovery without the smallest drawback or accessory medicinal symptom of any kind. This must either be the perfection of the medical art or a most extraordinary coincidence, to determine which is not difficult. If we look into Hahnemann's *Materia Medica*, vol. i, p. 423, 3rd edit., we find the following among the effects of *Corrosive Sublimate* on the healthy body:

“Frequent passing of scanty stools, composed of bloody mucus, day and night, with almost constant griping, and insupportably painful, almost fruitless, pressing, bearing-down, and tenesmus.” In the introductory remarks to *Mercury*, Hahnemann points out that *Corrosive Sublimate* will be found almost specific (*i. e.*, in the remedy in nearly every case) for the ordinary autumnal dysentery. This was made known about fifteen years before the above case occurred, and has been followed and verified by, I suppose, every homœopathic practitioner over and over again. It is, therefore, no coincidence, but the perfection of art; and not only that, but, being the result of deduction *à priori* and confirmed by experience, it is a perfect example of therapeutic science. Dr. Balfour had the means of ascertaining all this, and with very little trouble could have seen a sufficient number of similar cases to put the matter beyond doubt; but he did nothing of the kind, and, to our wonder, we find no allusion to individual cases, but merely a bald general conclusion that he saw no evidence of any action whatever of the medicines during his attendance at the hospital. So much for Dr. Balfour's evidence taken from the point of view of general medical statistics. Mine was from the opposite, *viz.*, from particular cases and diseases.

Having become familiar with the action of homœopathic treatment in individual cases and diseases by watching those on a small scale in the Leipzig Dispensary, and convinced of the truth of the homœopathic principle, the

question next arose—Was the practical application of it sufficiently far advanced to make it the basis for general practice? This could best be solved by the experience of an hospital on a large enough scale. For it must be remembered that the homœopathic theory differs from all other theories of cure, in that standing alone it can do nothing. The tools with which it is to work must all be made with infinite labour.* The medicines must be tested on the healthy body by repeated experiments till their real action is accurately known, and it is only as the number of these properly known medicines increases that the homœopathic method becomes developed. It is, therefore, never strictly correct to say that “homœopathy” has lasted so and so long, or to compare its efficacy with that of general medicine at any particular period, as if that could give a complete measure of what it ultimately will attain to. Other theories and “systems,” on the contrary, had only to be excogitated or invented, and straightway they were to be put in practice at once with the merely vague general knowledge possessed at the time of the action of medicines, the greater part of that even being merely fanciful and erroneous. Herein homœopathy shows itself consonant with the principles of true science.

It was, therefore, a reasonable subject of inquiry in 1841, whether the homœopathic method was far enough advanced to be made the basis of general practice, especially in acute diseases, which I, in common with my teachers of the Edinburgh school of medicine, believed to require actively depleting treatment.

After attending Fleischmann's Hospital for many months, I was satisfied that the cases were of the average severity of other hospitals at least, while the mortality and duration of treatment were much less than in any I had seen. It

* Page 21.—“Sans ce travail cyclopéen [Hahnemann's *Materia Medica*], la formule générale *Similia similibus curantur* serait demeurée une affirmation banale, comme elle l'a toujours été depuis Hippocrate jusqu'à nos jours. Mais, fécondée par l'histoire expérimentale, elle devient une réforme thérapeutique de premier ordre.”—Tessier, p. xxiii, *Recherches Cliniques sur le Traitement de la Pneumonie et du Choléra suivant la méthode de Hahnemann*. Paris, 1850.

was, therefore, impossible to resist the conclusion that either the homœopathic treatment was superior to the allopathic in acute diseases, or the latter was worse than no treatment at all. As before said, the demonstration of the positively noxious influence of the then ordinary depletive plan has modified that conclusion, but it still remains substantially correct. For these reasons, I felt justified in following the homœopathic method as the basis of practice, and the experience of now twenty-five years has given me ample confirmation of its truth and excellence. The same motives have been decisive with many other medical men who were there then and have been since. Indeed, I do not know of any one who attended two or three months who did not come to the same conclusion, except Dr. Balfour, whose judgment was warped by preconceived opinions.

(To be continued.)

THE PRESENT STATE OF OUR KNOWLEDGE OF CHOLERA.

A Paper read by C. B. KER, M.D., before the Cheltenham Hahnemann Club, December 10th, 1866.

If, as some say, as much is to be learned from our failures as from our successes, then cholera ought to make the most instructive chapter in the history of medicine. For half a century it has been known to us in its epidemic form as a disease which has spread its ravages over Asia, Europe, and some parts of Africa and America. During that period it has four times visited these islands, and thus given us the opportunity of studying for ourselves its symptoms and effects. We have seen the disease in all its stages and degrees of severity, experimented with innumerable remedies in its treatment, examined the post-mortem appearances, and brought the microscope and chemical analysis to assist us in our investigations. And what has been the result of these opportunities of acquainting ourselves with cholera? It is

humiliating to confess that this last epidemic has come and gone (for the present, at all events), leaving all the doubtful questions as to the disease as doubtful as ever. During the last six months, the same theories as to its origin, and propagation, and causes have been advanced which prevailed during the former visitations, and the same remedies which were over and over again proved useless have, with a kind of infatuation, been had recourse to again, and with like failure. Must we come to the disheartening conclusion that the nature and the treatment of cholera are not only not known to us, but cannot be known? Are we to indorse the opinion of some of those who have seen most of cholera, that no treatment is of any avail? I should be sorry to think that the medicine of the present day could justify such a conclusion. Unsatisfactory as is the present state of medicine, still, to confess that in the case of a disease so marked in its symptoms, so rapid in its course, and so fatal in a large proportion of its cases no medicine can cure, would be to condemn ourselves unjustly. We have discovered remedies for other diseases. Smallpox at one time was more fatal to us than cholera, and there were medical men to acknowledge their despair of finding a remedy for it; but Jenner found that remedy. In the general treatment of disease, polypharmacy, at the beginning of this century, worked its will with effects which we shudder to contemplate. But Hahnemann saw what that polypharmacy meant, the want of a law in medicine; that law his genius discovered, and practice has been totally changed since the school he founded has proved that, in accordance with that law, disease may be cured by means of one medicine at a time, and that in a small dose. Ague and scurvy are other illustrations proving that when medical men were most inclined to rest satisfied with the amount of knowledge they had, or to despair, the remedy was found and their credit saved. So we may reasonably, judging from the past, expect that a remedy for cholera will be found which will prove as much a specific for it as vaccination with cowpox matter is for smallpox.

The subject of this paper naturally divides itself into the

causes, the pathology and morbid anatomy, and the treatment, and, in treating of cholera under these heads, we shall arrive at an answer to the question, what do we know about it? What homœopathy has done for the disease will form its concluding part.

History.—The history of cholera may be told in a few words. In 1817 it broke out in India, in the eastern part of the Bengal Presidency at Jessore. The natives had never seen anything like it before. Its mortality was great, perhaps greater than it has ever been since. In Lord Hastings's army, three or four sentries were sometimes changed in two hours, and the patients died within an hour or two of their seizure. From Eastern India it spread westward to Europe, and eastward and northward to China and Thibet. It reached this country in 1832, a second time in 1848, a third in 1854, and again last year. The manner of its spread brings us at once on most debateable ground, that involving the questions of contagion and causes. Indeed, there is scarcely a single question concerning cholera, which is not debateable. It will be impossible for me to do more than touch upon the different opinions on the mode of spread of cholera. They nearly all resolve themselves into these: that the poison is atmospheric, that it is volcanic or telluric, or that it is generated in the system and communicated from man to man. Those holding that cholera is an animal poison, generated in one system and spreading to others by contact or by fomites, or by exhalations or evacuations from the affected, are contagionists and advocates of quarantine. Those, again, maintaining the atmospheric or volcanic theories are non-contagionists. Dr. Copland and Dr. W. Budd, of Bristol, are strong contagionists, and, agreeing with these, we have Dr. Burd, of Shrewsbury; Dr. Graves; the Constantinople commission; Dr. Baly, Dr. Gull, Dr. Snow, Sir James Simpson, Sir Robert Watson, Dr. Sharkey, the Bombay Medical Board in 1819 (but since that time the Board has seen reason to alter its opinion), Dr. Brown, of Sunderland, &c. On the side of the non-contagion theory, there is also the authority of well-known names and Boards; Dr. Gavin Milroy, and almost all Indian doctors are dis-

believers in contagions, also Dr. Fuller, the Swedish cholera commission, Dr. Becker, of Berlin, Dr. Christison, Dr. Parkes, Sir Dominic Corrigan, Dr. Aitken, Sir Ranald Martin, M. Bonnet and M. Cazalas, &c. If quarantine may be taken as a test of belief or non-belief in contagion, then most of the European governments are non-contagionists. In Russia, Prussia, Austria, France, and this country, quarantine regulations were at one time put in force, but experience of their futility has led to their being abandoned. When such contradictory assertions as the following are made, the difficulty of coming to a conclusion upon the questions of 'contagion' and 'quarantine' will be at once apparent. Copland says that the introduction of cholera into this country in 1832 was certainly owing to the bedding and clothes of sailors who had died at Riga imported into Sunderland. Dr. Becker, of Berlin, on the other hand says: "There is in the whole history of cholera no authenticated case in which the contagion has been transmitted from one place to another by letters, clothes, or merchandise of any description." Again, the Conjeviram case in the Madras Presidency seems to prove that cholera is of spontaneous generation and not communicated from one centre only. For many years the disease was most fatal among the innumerable pilgrims resorting thither; but, since government has adopted sanitary precautions, three years have passed without a single death from cholera, though the place is visited by the same numbers. Again, in 1832 and 1849, not a single student attending the Edinburgh dissecting rooms took the disease, though the subjects were almost all cholera ones. Drs. Meyer, Marshall, and Lindsay, on the other hand, gave cholera to dogs and cats by mixing the dejections with their food, and many cases might be brought forward apparently proving that contact with or the washing of the clothes of patients gave the disease; and Dr. Burd, of Shrewsbury, goes so far as to say that the present epidemic has proved two things,—that cholera is caused only by cholera, and that water is the chief vehicle of the poison. The late Dr. Snow believed water to be, not only the chief but the only means of the propagation of cholera, in proof

of which he gives us the history of two epidemics in Southwark and Lambeth. In 1849, two water companies drew their supply from the Thames at Battersea, and in 1854, one of those companies derived its supply from the river at Thames Ditton. The houses supplied by the company drawing its water in both epidemics from Battersea were severely and equally visited in both years, while those supplied from Thames Ditton in 1854, suffered infinitely less than in 1849, when their water came from Battersea. The well-known Broad Street pump case, about which so much has been said, is a strong argument in the same direction. One of the conclusions come to by the Constantinople commission is, that the disease is never developed spontaneously, but always comes directly or indirectly from its one focus India, and is propagated exclusively by man. One single man, it says, may give rise to a cholera epidemic if he comes from an infected locality, even with diarrhoea only. Quarantine and disinfectants, consistently enough, are, therefore, their recommendations. Dr. Wm. Budd, of Bristol, who has spoken and written much on our subject, has no doubt about the propagation of cholera. He maintains that the rice-water dejections are the means, either by contaminating drinking water or the hands and clothes of those who come in contact with the patients, or by drying up and afterwards being conveyed in the shape of dust by the atmosphere to the lungs of the susceptible. Dr. Fuller, however, denies that water foul with cholera excreta contaminates, but that it is a vehicle for conveying into the system the *materies morbi* obtained from the air. An argument against this water theory which has some weight is, that cholera comes, culminates, and declines, and yet the same water is drank before and after as well as during the invasion. As to contagion, therefore, our conclusion must be that nothing has yet been decided. The weight of testimony is, I think, on the side of the non-contagionists.

There is as much difference of opinion on the question of the atmospheric or telluric origin of this disease. That it travels against as well as with the wind appears to militate against the atmospheric theory, but its march against

the monsoon in India has always been very slow, and its pace has been greatly accelerated on a favorable change of wind. A curious case is quoted by those who maintain that the atmosphere holds the *materies morbi* of cholera, that of the 69th regiment in its march to Cannanore in the Madras Presidency. At a particular part of its route it was attacked by cholera; it marched on, however, and soon got rid of the disease. A few days after its arrival at Cannanore cholera attacked it again. It appeared as if they had marched into, through, and out of a cholera cloud, which cloud, however, advancing at its own pace, overtook them at Cannanore. Another case is that of one wing of a cavalry regiment sailing up the Ganges in boats. When it came opposite to certain infected villages on the banks, cholera attacked many of the soldiers, though they had no communication with the shore, and, when it had pushed on past the infected district, the disease left them. Another wing of the same regiment which followed them up the river soon afterwards was seized with and lost the disease at the same places. Whether electricity has anything to say to the existence or spread of the epidemic is not yet decided. The disease has prevailed when the atmosphere has been both positively and negatively electric. It has been almost universally noticed that the weather has been unusually disturbed in periods of cholera visitation. In the two years before 1817 the accustomed regularity of the seasons in India was interrupted, and there was much disease among men and cattle. During the past year in England, we have had, in addition to cholera, the cattle disease and strange irregularities of season, and our great meteorologist, Mr. Glaisher, has noticed (as others have too) a blue cloud in the atmosphere, which he says he saw also in 1854. What that blue cloud is or means is matter only of conjecture. It may mean more or less of ozone, and yet ozone is so imperfectly known, that its presence or absence can, in the present state of our knowledge, convey little information to us in connection with cholera. I met, however, in some medical journal a short time ago—I forget which—this incident relating to ozone. A medical man in

India, who generally carried on his hat test-papers, travelling to Bombay from some outlying station, suddenly noticed, before he had gone far from home, the said test-papers indicating a complete absence of ozone in the atmosphere. So strongly was he impressed with the importance of this indication that he returned home, told his wife that he was positively certain there would be immediately an outbreak of cholera in that district, and that she must, therefore, go to Bombay with him. In two days the cholera made its appearance. Whether this is coincidence merely, it is not easy to say. The blight theory has many supporters, Hahnemann among them, and it appears to me that they have a good deal to say for themselves. As locusts devastate certain tracts of country with a defined march or flight, avoiding some districts and attacking others without apparent plan or order, leaving to right and left villages and fields and vineyards untouched, so blight attacks the gardens and botany of certain parts only of two or three adjoining counties in this country. That cholera is a blight, and that that blight consists of microscopic insects expressly formed for the purpose of settling upon and devouring the mucus of the intestines and ultimately the intestines themselves, is confidently insisted upon by many. Dr. Theophilus Thompson, in the *Annals of Influenza*, thus sums up the argument in favour of the blight theory as accounting for that disease and cholera: "First. The sudden appearance of these epidemics after a long period during which there has been no record of their prevalence, or in places where they have been previously unknown. Secondly: the occurrence of preliminary instances of the disease prior to the general outbreak. Thirdly: capriciousness in the selection of the localities affected. Particular districts of a country, strips of territory, one side of a river, even one side of a ship, or even a particular race or class of the community being visited, and others entirely escaping. Fourthly: remarkable want of uniformity in the speed of progress." In the facts known as to insect migrations there is nothing which is not in harmony with these conditions, and it is not, therefore, to be wondered at that there should be advo-

cates of the blight explanation of cholera. Before leaving this topic the fact deserves mention that in the year 1854, during the visitation of the epidemic, clouds of flies darkened the air in and around Newcastle, so much so as to occasion much comment at the time and many letters in the newspapers. Another theory as to the cause of cholera was propounded by Dr. Brittan, of Bristol, who professes to have discovered in cholera evacuations and in cholera atmosphere fungous bodies, the atmospheric particles being sporules, which, in the body, develop themselves into aggregates of cells. Drs. Fuller, Salisbury Flint, and Cowdell follow in the same suit. Cholera is of cryptogamic origin, the latter says, and fungi in certain electric states of the atmosphere find a nidus in the blood, and increase indefinitely there, the blood being in such a condition as not to be able to resist the reproduction. As to this theory, is it not more likely that the fungoid bodies are the effect and not the cause of the cholera poison? Prout alone makes the observation that a high range of the barometer, and consequently a heavier state of the atmosphere, attends a cholera epidemic, and that the oxalic acid diathesis is especially prevalent at the same time. This last observation is very characteristic of its author. Another theory involves the atmosphere as an essential element, and that is Dr. Lionel Beale's. He asserts that cholera owes its origin to minute particles of living matter thrown off from the sick into the air and retaining their vitality for a long time, these particles being degenerated cells which have passed through stages of deterioration from perfect epithelial or blood cells; they are degraded living matter descended from what was once normal living matter of the body itself. This theory, too, is characteristic of its author, the well-known histologist and microscopist. The moon, by some, is saddled with the origin of the cholera poison, and it would have been strange if some one of the heavenly bodies had not come in for a share of the causation of so devastating a plague. Three hundred years ago the astrologers would have drawn the horoscope of cholera as confidently, and with the same success, too, as the doctors of our time

advance their theories of the disease. The moon, then, has something to do with cholera, for, in the different epidemics which have visited this country, "the longitude of the lunar node has been about 180 degrees or something less;" when such is the case it should be taken for a warning and a guide that a visitation may be expected, and that it should be anticipated by proper precautionary measures. As to the states of the atmosphere which favour the spread and the fatality of cholera, though nearly all agree in saying that unusual weather generally prevails, still there is much difference of opinion as to what those states are, which is not to be wondered at, for an equal fatality has been observed in hot, cold, and temperate climates and seasons. Dr. Morehead says that heat favours the spread of the disease, but Dr. Leith maintains that it is worst in Bombay in the cold months, and in Russia it was more fatal than anywhere in Europe, and that in winter too. In Calcutta it is worst in the dry season, and in the north-west provinces in the wet. It is said to cling to a moist atmosphere and to rich clay soils, but Suez and Alexandria have suffered greatly and yet they are built on a sandy plain. That cholera frequently follows the course of rivers is said to be a proof of its volcanic origin, and Müller says that the poison penetrates through the earth stratum into the water and so is carried along with its current. But its course is not alone along the banks of rivers. Dr. Parkin says that not only cholera but all epidemic and endemic diseases are owing to malaria, and that malaria is of volcanic origin and by no means due to damp exhalations and decaying vegetable matter. Livingstone's observation that cholera, like ague, sometimes attacks only the lower stories of houses, strengthens the malaria theory. Hartley Kennedy also declares it is malarious, and our own Russell has no doubt as to its telluric origin, and, according to Macgowan, a physician who had large opportunities of studying the disease in India, malaria is the common cause of cholera, sunstroke, ague, and typhoid fever. With reference to the volcanic theory, another idea is, that an electric current traverses the crust of the earth near the surface

and produces a specific miasm by the chemical union of two or more of the gases in some new definite proportions, and that this specific miasm is cholera. Paccini, an Italian author, asserts that cholera is due to the destructive action of parasites which act on the intestinal villi and epithelium, eroding the mucous membrane and laying bare the capillaries, leading to the loss of fluid lymph, which he believes to be the characteristic feature of the disease. Dr. Dudley Kingsford gives us a theory which, at all events, has the merit of originality. His position is that phosphorus is the poison of cholera, and that fish are the chief means of spreading it, and that calomel is the remedy, whose chlorine unites with the hydrogen and mercury with the phosphorus. He does not explain how this double union occurs, nor does he give cases illustrating his practice. A Dr. Piddock contents himself with explaining cholera to be a Divine visitation, an explanation which throws us back on a First Cause and which none of us can controvert. But no light is thrown on the intermediate links in the chain of causation, and it is with these links we have to do in such an inquiry as ours. This inquiry into the present state of our knowledge of the causes of cholera has shown us that no one opinion has universal acceptance, and that, therefore, we may safely come to the conclusion that the cause is not discovered.

Pathology.—As to the disease itself and its pathology there is quite as much difference of opinion, as we shall now see. In the first place, is the disease a new one? was it ever seen before 1817? The natives themselves assert the contrary, but in Goa and Japan, in the fifteenth and sixteenth centuries, a plague is described by medical writers which was either cholera or something very like it. *Sydenham's* cholera morbus could scarcely have been the modern disease known by that name. It was only of autumn appearance, and then, to use his own words, "as truly as the swallow comes in spring, or the cuckoo sings in the summer," it presented itself. The evacuations are described as "foul, difficult, straining motions from the bowels," with "intense pain in the belly." So accurate

an observer as Sydenham would scarcely have described Asiatic cholera in those terms. It is interesting to hear his remarks on treatment, touching, as he does, on one of the much-discussed questions of the present time—the use of astringents or purgatives. Sydenham approved of neither. “The one,” he says, “is adding fuel to flame, the other is wearing out the patient by intestinal war and confining the enemy to his seat in the bowels.” His remedy was chicken tea taken into the stomach and administered by enema in vast quantity, so that “the belly is filled and turned topsyturvy, and the acrid humours expelled!” There is no agreement on the question of premonitory symptoms. In 1854 a physician took much credit to himself for being the first to discover that cholera was always preceded by more or less diarrhœa; but now, as many assert the contrary as the affirmative of that proposition, Dr. M'Cann writes, “Diarrhœa is always the first stage of cholera.” But our Quin says, speaking of his own attack, “I fell down senseless,” no warning symptom having shown itself. Dr. Scot, of Madras, a good observer, and an authority, maintains that the disease is of sudden invasion; and, in the Edinburgh and Liverpool dispensaries, Drs. Drysdale and Russell noticed that in the worst cases there was no preliminary diarrhœa, nor in a large proportion of the others. On the whole, the most accepted opinion is that, except in the very worst cases, there is some diarrhœa present beforehand.

And as to the pathology of the disease, what lesion is it that can account for such peculiar purging, such horrible cramps, such a livid colour, and such a loss of animal heat, sometimes to the extent of 20 degrees of Fahrenheit? The various opinions explanatory of these symptoms may be classed under three chief heads, according as the seat of the malady is supposed to be the intestinal mucous membrane, the blood, or the nervous system.

The *sanitary commission* appointed in 1849 to investigate the nature of cholera, decided that its symptoms were those of a poison acting intensely on the intestinal mucous membrane, a conclusion which was also that arrived at in St. Petersburg. Jameson gives it as the result of his

observations, that the stomach and intestines are the chief seat of the disease. Broussais calls it an inflammation of the intestines. Müller, acute catarrh of the intestines, the chief feature of which is a rapid transudation of all the fluid parts of the blood; and Sutherland, a serous hæmorrhage from the bowels. This theory of serous hæmorrhage naturally leads to comparison between cholera and the sweating sickness of the fifteenth and sixteenth centuries, the chief symptom of which was serous hæmorrhage also, but from the outer not the inner skin, and it appears to me that a careful study of the latter disease might result in more definite ideas as to the pathology and treatment of cholera. Both diseases of sudden invasion, both leading to stagnation of the circulation, both very fatal, and both attended with the loss of the salts and the watery parts of the blood; and the sweating in the one case, and the evacuations in the other, considered to be efforts of nature to eliminate the poison. Old Caius says, "If nature be strong and able to thrust out the poison by sweat (not otherwise letted), ye person escapeth, if not he dieth." Chemical analysis and the microscope were not made use of in Henry VIIIth's reign, otherwise the resemblance between these two diseases might be made out to be still closer. Those who localise cholera in the intestines maintain that the poison acts as an irritant on the mucous membrane of the stomach and bowels, and there withdraws the watery part of the blood by a process similar to that by which epithelial cells abstract the different secretions in the healthy body. Dr. Ernest Sansom tries to get rid of the difficulty of selecting one seat for the poison by fixing upon two, the intestinal mucous membrane and the blood; and he believes that the most severe cases are those in which the blood is primarily effected. It would be difficult to prove that the intestines are primarily affected, for they are dependent on the circulation and nervous system for the due performance of their functions, and so how can we be sure that some changes in the blood, or irritation in the sympathetic or cerebro-spinal system, has not preceded the rice-water evacuations and other signs of intestinal irritation?

Those who make some blood lesion the cause of the symptoms of cholera, have more plausible ground to go upon. Johnson says that cholera is a blood-poison caused by the introduction of a zymotic or fermenting principle, and that the rice-water dejections are an effort of nature to rid itself of the result of that fermentation, and hence his treatment by castor oil. He also explains the oppression of breathing, the livid colour, and the other symptoms of collapse, by saying that this poison in the blood causes spasmodic contraction of the minute pulmonary arteries. The blood's vitality is lost by the action of this poison, and so parts with its water and salts and fibrin through the capillaries of the stomach and intestines, and the red corpuscles stagnate in the vessels in consequence of the absence of the serum by which they are usually carried along and of the fibrin which gives the blood its viscosity. This absence of the salts of the blood, however, is not admitted by all, as what fact is relating to this disease? Dr. Garrod maintains that the per-centage of the salts is increased and not diminished. The Bombay medical board doubted as to whether the cholera poison acted most on the nervous or vascular system. Rochoux, a French author, admits an alteration in the blood, but refers that alteration to the influence of the nervous system. Dr. Parkes and Dr. Robertson agree in noticing changes in the composition of the blood, but differ as to what those changes are so far as the fibrin is concerned. Dr. Parkes finds less fibrin, and the blood not coagulable; and Dr. Robertson finds the blood coagulable, and the fibrin in normal quantity. How are we to reconcile such discrepancies? Parkes attributes all the symptoms to primary blood affection.

Those who hold to the nervous theory speak very confidently. Dr. Chapman maintains that cholera is owing to hyperæmia of the spinal chord and sympathetic nervous system. He divides the cholera phenomena into two classes with reference to the part giving origin to them. The positive or active phenomena, he says, are due to hyperæmia of the chord, and the negative and passive to hyperæmia of the sympathetic. The dejections are owing

to intense stimulation of the mucous glands of the stomach and intestines from congestion of the spinal chord, which leads to the pouring out of the mucus and cells of the secreting structures, notwithstanding the constricting force exerted on the arteries by the sympathetic. All this is theory, and more dogmatically advanced than sometimes are unmistakable facts. But cholera is a rich field for the theorists, in which they disport themselves with thorough enjoyment, but with the result more of entertainment than of profit up to this time. Chapman goes on to say that the flocculent portions of the discharges are mucous flakes entangling prematurely shed cells, and that the watery part comes from the veins. Theory again, for he gives no proof of this statement. Dr. Steele, of Edinburgh, agrees with much of Chapman's theory. In his opinion, cholera is owing to the congestion of the whole sympathetic nervous system (especially of the abdominal and pulmonary plexuses), as well as of the pneumogastric nerve, and that a paralysed condition of those leads to the discharges, which are mechanical and not vital. Dr. Foy attributes the disease to the spinal chord; Dr. Sutherland to a morbid affection of the solar plexus; Dr. Sedgwick to paralysis of the semilunar ganglia, which, he says, are the chief controlling agents of the circulation; and he asserts that the fatality is owing to rapid inflammation and gangrene. Copland thinks that the ganglionic system is primarily and that the blood is most probably secondarily affected, and that paralysis of the lungs and heart is a condition frequently caused by affection of the sympathetic. Magendie centres the disease, not in the nervous system, nor blood, nor alimentary passages, but in a weakened heart, and Ockel in paralysis of the arteries.

Morbid Anatomy.—As to the morbid anatomy, one would have expected a correcter or surer pathology and better treatment from the study of the body after death, but such has not been the case, and different observers have noticed different and contradictory appearances, which renders it difficult, if not impossible, to come to any conclusion. In the most sudden and severe cases, no morbid appearances

whatever have been noticed, but the more prolonged the case has been, the greater the number of structural and other changes have been detected. In such cases, where all the stages of the disease have been passed through, the following is the result of post-mortem examination:—In the first place, a remarkable rise of the temperature of the body occurs immediately after death, a rise of occasionally 10 or 12 degrees, so that there is positively greater warmth than that of health by one or two degrees; this fact is not easy of explanation; the intestines are found filled with the rice-water matter, and with a greyish mucus of some consistence, and the follicles are swollen; the bladder is empty; no bile is in the intestines, but the gall-bladder is occasionally very full; the mucous membrane of the whole alimentary tract is of a livid colour; the liver, spleen, lungs, kidneys, brain, and spinal chord are all congested; the right side of the heart is gorged, and the left empty. Those are the appearances most frequently found, but there are contradictory statements made with regard to some of them. Dr. Parkes finds the spleen contracted and empty, and Dr. Twining finds it congested and enlarged. The greyish mucus found in the intestines consists of fibrin, chiefly, according to Dr. Parkes, but is only modified mucus according to Andral, and only epithelial pavement to others. The rice-water matter is acid, say some, and alkaline, say others. Epithelial scales are found in the rice-water matter, but Dr. Lionel Beale believes such scales to have been shed during life, and Dr. Gairdner not till after death.

The heart in some cases has been found very friable, with fibrinous coagula in the right ventricle; and all the intestinal glands are generally enlarged. The villi, however, in many cases have been found denuded of their epithelial covering from one end of the intestinal canal to the other, and wasted and shrunk. Instead, too, of the livid hue of the stomach and intestinal mucous membrane which is so frequently noticed, it occasionally is of a dead, opaque, white colour. But it is impossible to say how much of this may be owing to post-mortem change, and post-mortem change also is said by some observers to explain

the fact of the villi being stripped of their epithelial covering. Dr. Beale and Dr. Gairdner are now doing battle on that question. Lizars, of Edinburgh, in seventeen cases which he examined, found, in sixteen of them, congestion of the semilunar ganglia and congestion of the intestinal mucous membrane. Before leaving the question of post-mortem appearances, it is an interesting fact worthy of mention, that in Vienna and St. Petersburg, not a single case of tubercular disease was discovered among the cholera patients whose bodies were examined. The pathology and morbid anatomy of this disease are thus seen to be as doubtful as most of the other points relating to cholera, and the state of our knowledge regarding them cannot be said to be very advanced.

Treatment.—The treatment of the disease, as might be supposed, has exhibited, and does still exhibit, an amount of difference of opinion which cannot be wondered at when it is remembered how totally opposed to each other some of the pathological theories are, but which is sufficiently disheartening to all optimists in medicine. Not a small number despair of encountering the cholera poison with any weapons whatever, and openly acknowledge their despair and their conviction that the less that is done the better, a good conviction, certainly, for such as have no confidence in remedies, and one which can scarcely be carried too far. It would be impossible for me to give a complete list of the medicines which have been tried in cholera, or of the different regimenal and hygienic plans which have been adopted. It is not so surprising that the name of such should be legion as that the same old remedies which have been over and over again proved useless should still be in constant use—*Mercury* and *Opium*, especially. A difficulty presents itself on the very threshold of the treatment question, which is, that the disease varies greatly in its intensity in different periods of the epidemic visitation. At one period every remedy tried proves of no avail, while, at another, every remedy is successful. And again, remedies are extolled as successful which have treated only the first stage, that stage being one of diarrhoea simply, whereas Parkes maintains, and I think

rightly, that no case should be characterised as cholera which does not show the algide symptoms or those of actual collapse. In judging, therefore, of a remedy, we should be satisfied that it has been used in a collapsed case. To say that the remedy has prevented the case going on to collapse is an argument which is untenable. If once it is admitted, there is an end to all scientific discussion of the question. Such discussion can be little more than assertion on one side and denial on the other; for who can contradict a man when he says, "If I had not given that medicine the patient would have been collapsed in an hour?" or who can say nay to his opponent who avers that the case never threatened collapse at all? The question, therefore, ought to be narrowed to the treatment of cholera proper, that is to say, cholera collapse. When there is diarrhoea beforehand, or febrile reaction afterwards, each requires its own particular treatment, a treatment as different as the symptoms.

Have purgatives been useful or otherwise in cholera? Very different answers are given to this question. Dr. Johnson, of King's College, whose theory is that the evacuations are an effort of nature to rid herself of the *materies morbi*, consistently advocates *Castor Oil*. He has administered it to all cases that have come under his care in this and the last epidemic. His success, however, cannot be said to be remarkable. He has, according to late reports, treated 21 cases in his hospital. Of these, 13 have died and 8 recovered. There is the same difference of opinion as to the use of emetics, the use of stimulants, and the use of ice and hot fomentations, the affirmative and the negative on those points being fiercely maintained, as they are also on the question of bloodletting. Dr. Stevens, long ago, recommended common salt in solution as the best remedy, his theory being that salt so given will supply the place of those which the blood has lost. In England, this remedy has not proved successful, but in Jamaica, Dr. Turner did not lose a single case in which he tried it, and, in a letter sent to the *Times* more than a year ago, and signed "Salts," remarkable testimony is borne to the efficacy of that remedy. Stevens recommended it to be given every ten or fifteen

minutes for thirty or forty hours. A Dr. Yod's treatment has the merit, at all events, of great simplicity, even more so than Sydenham's chicken tea remedy; it is, drowning the patient with cold water taken into the stomach and administered by injection. In a pamphlet published at the beginning of last year by a physician, the most original of all suggestions as to treatment is given. It is founded on the maintenance of respiration and circulation independently of the vital force of the heart and lungs, and is called the "Mechanical Treatment." Whether it has been put in practice or not, I cannot say. He first, however, administers a cup of strong tea to overcome the paralysed state of the nervous centres and the consequent loss of contractility of the capillary vessels. The treatment that follows I must give in his own words:—"Let the patient be placed, supported on a flat board in a horizontal position, and on his back, the legs being partially flexed. In this position, a rocking, see-saw, or to-and-fro movement must be communicated to the body, either by means of rollers, or by poising the board upon semicircular supports, or by suspending it from above. The object in view being to give momentum to the blood, and to compel it to circulate, also to induce respiration by the concussion of the intestines against the diaphragm, synchronously with the momentum imparted to the blood." He afterwards says that jerks should be given to the body to the number of 80 or 100 in the minute, and that the range of the jerk should be from four to five inches. The explanation of the *modus operandi* is that, "the body being composed chiefly of fluids, any motion communicated to it must cause the blood to flow onwards, the valves preventing an opposite course, and to assist this onward flow as much cold water is to be drunk as possible, and the whole body washed and rubbed with a briny solution." A very curious scene a cholera hospital would present if such see-saw treatment were carried into effect! Nothing need be said as to the treatment by astringents; all such have been tried and failed, from *Chalk* and *Opium* upwards, and yet they are still despairingly had recourse to. Turpentine, liquor potassæ, nitrous oxide gas, chloro-

form, carbolic acid, taraxacum, creasote, animal charcoal, solution of bitartrate of potash flavoured with lemon-peel and sugar, hydropathic packing, and many more, have had their trial and with the same result. Even the Privy Council tries its hand at doctoring, and suggests *Castor Oil, Opium*, and astringents in the first stage, and, in that of collapse, cold water, heat to the surface, frictions, and no medicine nor stimulants.

Dr. Jeanneret advocates *Camphor* strongly in a pamphlet which he published early in last year, but with only a slight allusion to the fact that homœopathy had introduced that medicine as a cholera remedy. Afraid to give it alone, and so adopt *in toto* the homœopathic suggestion, he mixes it up with James's powder and aromatic confection, and claims the prescription as his own. Dr. Greenhow applies a brandy blister to the lumbar region and sets fire to it—counter-irritation with a vengeance! Dr. Westley takes a hint from the great London fire which stopped the plague, and suggests animal charcoal and the impregnation of the air with chlorinated and ozonized oxygen vapours. Dr. Chapman, consistently with his theory of the cause of cholera, recommends ice to the spine, and heat to the rest of the body. Transfusion into the veins has often been tried and with the most remarkable relief at first, but, almost invariably, the gain has not proved a permanent one.* Dr. Woodman injected into the veins of a boy of seventeen six pints of water, containing three drachms of common salt and two scruples of carbonate of soda, and with the result of saving him. Dr. Steele, of Edinburgh, recommends galvanism. Beigel, of Paris, injected under the cuticle eleven or twelve ounces of warm water in different parts of the body, the epigastrium, the calves, thighs, &c., with the result of destroying the patient. Not daunted, he then proposed to inject a half per cent. of phosphate of soda, and a half per cent. of common salt, the composition, as he believed, of the rice-water stools. *Quinine* has been proposed

* Tried in Edinburgh by Dr. Mackintosh in 156 cases, of which 25 only recovered. Dr. Parkes believes that transfusion is the chief hope in cholera, and Dr. Cockle is of the same opinion.

by others as a hypodermic injection. Bloodletting is almost universally condemned in collapse, and yet it has some few supporters; Dr. Sutton, for instance, and Drs. Corbyn, Annesley, and Sedgwick. The railway navvies in Egypt were fortunate enough to be treated with iced water and iced champagne, and recovered in large numbers. Most agree with the Privy Council recommendation of heat and friction in collapse; but Paccini, an Italian author, declares them to be bad, as they relieve the stagnation of the circulation which tends to prevent the loss of fluid lymph. Intoxication, prussic acid, and nettles have their advocates, and, of course, the expectant treatment, which was tried at University College Hospital, with the result of losing one half of the cases. *Santonine* in five to ten grain doses is extolled by Dr. Rowand; steam baths and chloroform compress by Trenerry; and ozone inhalation by Geisse, the ozone being produced in a room by the repeated rotations of an electrical machine, and also, as Dr. Bayes has shown in a note to his pamphlet on Cholera, by covering a piece of phosphorus in a bottle with water, and corking it, so as to admit of the slow escape of the vapour which is generated, a plan suggested by Mr. Allnutt. Ozone has another advocate in Dr. Julius Althaus, who administers it as ozonized water; his theory being, that cyanic acid is the poison of cholera, and that ozone decomposes and proves an antidote to it. *Aconite* is a specific according to Dr. Cramoisy. Sweating in dry wool was tried at Lille in 65 cases, and all recovered. Dr. Woakes gets the deficient water into the blood by endosmose; he puts his patient into a bath at 70° Fahr., in which one pound of mustard is dissolved, and makes him drink soda water constantly to supply the blood with carbonic acid. Bromide of ammonia and potash was tried with success in Leith, and with none in Edinburgh, the theory being that capillary congestion was prevented by its action on the nervous system. Dr. Wm. Murray thinks it positively wrong to administer any remedies in cholera to check its symptoms, as wrong as to check the vomiting of a case of irritant poisoning. One of the most curious of all cholera remedies is one suggested by an author whose name

I forget ; it is pumping air into the stomach ! *Strychnine* was tried in Yokohama, by Dr. Hensman, with what success does not appear, and acupuncture of the heart has been recommended, but, as far as I know, not tried. Issues, setons, moxas, musk, mint, magnesia, assafoetida injections, bismuth, croton oil, peppermint, cajeput oil, powdered charcoal and burnt cork in milk, cold affusion, leeches to the epigastrium, all have their advocates and theories to recommend them. Dr. Cockle calls his plan the substitutive one, by virtue of which his remedy, *Hellebore*, produces an altered vital action along the whole course of the intestinal canal. The words "altered vital action" standing alone, do not convey any very clear meaning, but it is not an uncommon way of getting out of a difficulty, the using phrases which have no definite meaning. In Russia, in 1848, the most successful plan of treatment was the application of cupping glasses along the spine, and friction with ice and salt. Drs. Gavin Milroy, and Fuller, call sulphuric acid a specific, because it is useful in hæmorrhage, cholera being a serous hæmorrhage. But it would be to little purpose to add more to this part of our subject. The state of knowledge on the subject of cholera, as far as treatment is concerned, is very little, if any, in advance of what it was in 1832, if one may judge from the mortality bills. One can understand the conclusion at which the 1848 commission arrived ;—"measures of alleviation of little avail, preventive measures only to be relied on."

Prevention.—Prophylactic or preventive measures there is less difference of opinion about than on any other question connected with cholera, and yet here too we find conflicting recommendations. If there is one point more than another about which one would have thought there would have been universal agreement it is that of the necessity of sanitary precautions—precautions in which so many in these days rest all their hopes of ridding the country of the disease. But Dr. Parkin, in a clever work entitled the *Causation and Prevention of Disease*, maintains that foul smells and impurities of all kinds are wholesome rather than otherwise, and he gives many curious proofs of this. Sewerage and

drainage do harm rather than good, he says, the underground passages acting as channels by which malarious emanations are conveyed into our streets and houses, and hence cholera visitations and those of all other epidemics, epidemics being due, in his belief, to malaria poison. His remedy against this poison is paving and flagging. Where these are perfect there is no fear of epidemics, he says. Dr. Parkin thus is far from echoing the opinions of those who assert that it is fortunate for sanitary reform that no specific against cholera has yet been discovered, as it has directed the attention of public authorities and private individuals to hygienic measures. According to Ambrose Blacklock, of the Madras army, smallpox and cowpox furnish a protection against cholera, as tuberculous disease, according to Vienna and St. Petersburg experience, does also, as I have mentioned above. Quinine and salicine destroy, in the opinion of some, the predisposition to cholera and so act as prophylactics, but God's oxygen, according to another authority, is the best prophylactic of all, and he advises people to be constantly in the open air, and the windows to be kept constantly open day and night; this plan, it is asserted, dismissed from a certain district the cholera in five days. Keeping rooms impregnated with ozonized and chlorinated vapours is a preventive according to Drs. Westley, Allnutt, and Julius Althaus, as I have already mentioned. The latter avers that the cyanides, which he says constitute the cholera poison, a poison to which ozone is the antidote, produce symptoms closely resembling those of cholera. This is interesting to us, if it is a fact, and should induce some to institute a course of experiments on the healthy body with cyanic acid. Many French authors speak of copper as a preventive, and Dr. Bayes also recommends the wearing of a cholera belt containing a plate of copper fixed so as to lie on the epigastrium. It is said that workers in copper have an immunity from the disease, which has led to this metal being used as a preventive, and (I quote Dr. Black's paper on 'Cholera' in the *Brit. Journ. of Homœopathy*) in conjunction with *Veratrum*, was successful in 150,000 cases in Vienna, and

80,000 in Hungary and Poland. It is not easy to see what way of computing success has been adopted here. If these 230,000 people all took copper or *Veratrum*, and all escaped, nothing further is proved than that they took copper and did not take cholera. It would be going a little too far to say that they did not take cholera because they did take copper. But deductions of that description are painfully common in medicine. *Veratrum* alone was used at Magdeburg by Dr. Schneider as a prophylactic; and Dr. Burq recommends alloys of copper, brass, bronze and steel applied to the skin, and their effect assisted by pinches of brass or steel used as snuff. Drinks of different kinds have been much extolled by many as preservatives against cholera, containing iron, saltpetre, wild chicory, sage, mint, hops, &c. &c.; but such suggestions are rarely backed by facts establishing their utility. Against Dr. Parkin's singular notions as to the uselessness if not harm of sanitary precautions, Dr. Corner, one of the London Officers of Health, in his report published last week, shows that the cholera of this year prevailed in an area about four miles long and two broad; that outside that area the main drainage is completed, but that inside the drainage is still in the same condition as that which was general before the commencement of the great level sewer system. One is almost forced to the inevitable conclusion that good drainage and sewerage are preventives: but Dr. Richardson warns us against being too confident as to the effect of precautions; he allows they do much, but maintains that they cannot check the spread of an epidemic.

Homœopathy.—It is time now to ask what homœopathy has done in cholera. Has it thrown light on its cause, its pathology, or its therapeutics? In the first place, I think it must be allowed that, as far as the views of homœopathsists on what may be called the doubtful and theoretical questions relating to cholera are concerned, they are as little at one among themselves and with their master, Hahnemann, as practitioners of the old school are. Take the question of contagion, for instance, and let us see what Hahnemann's view of it is. It is as uncompromising and decided as one

would expect it to be. That cholera is not contagious, is, he says, "a fearfully pernicious and totally false assertion;" and he afterwards adds this—"The physicians and nurses are the most certain and frequent propagators and communicators of contagion far and wide." Dr. Drysdale, of Liverpool, is also a contagionist, though with some qualifications. Dr. Russell looks on contagion only as a predisposing cause of cholera, not as a direct cause. Fleischmann, of Vienna, has no faith in contagion. That there is preliminary diarrhœa, is asserted and denied by writers of our school. Dr. Kidd and Dr. Bayes are inclined to believe that cholera has this preliminary sign; while Dr. Russell's and Dr. Drysdale's experience made them come to a different conclusion. Dr. Black, in a paper he wrote many years ago in the *British Journal of Homœopathy*, says that sometimes there is a diarrhœa stage beforehand. Again, as to the cause, Hahnemann believes it to be an invisible cloud, composed probably of millions of miasmatic living creatures, first developed on the marshy delta of the Ganges. But among his followers there are advocates of the atmospheric, the volcanic, and the blood theories. But it is on the question of *treatment* that there is so much more unanimity of opinion than is to be found in the ranks of our opponents. This was, of course, to be expected in the case of those who are held together by a law in medicine, and who guide themselves by that law in the selection of remedies. The history of *Camphor* is interesting in connection with this law. When the cholera first visited Europe, Hahnemann, hearing of the symptoms which characterised it, immediately pronounced *Camphor* to be the remedy. In the proving of that medicine, *involuntary diarrhœa* is the prominent symptom, under the heading "stool," and is put in italics; the other symptoms scarcely resemble those of cholera, and the one I have given would not suggest that formidable epidemic to any one. "Cramp-like pains in the dorsum of the foot along the outer surface of the calf to the thighs," is a pathogenetic symptom. "Blue, cold skin, with coldness of the body," answers to the collapsed stage appearance: that symptom, however, is not among those

observed in the proving, but is among the empirical ones. "Pale, withered, shrivelled skin," is scarcely a close resemblance. "The body is cold all over" is closer to the picture; and "excessive weakness," and "oppression of the chest resembling suffocating catarrh," and "retention of urine," "burning heat in the epigastrium," "burning in the stomach," "violent pressure in the pit of the stomach," "excessive thirst," "nausea and inclination to vomit," is all there is to cover the violent retching and vomiting of the disease. "Asiatic cholera with cramps" is among the symptoms given under the heading "stomach," but as an empirical one only. Now, all those symptoms, which certainly bear a resemblance to some of those of cholera, are given also in the provings of *Arsenicum* and *Veratrum*. In the proving of *Camphor* one cannot but be struck with the absence of the stomach and bowel symptoms, which are such characteristic and prominent ones of the real disease. I cannot help thinking that Hahnemann was possessed of other information as to the action of *Camphor* than is given us in the *Materia Medica*. Be that as it may, however, he startled Europe with the unhesitating confidence with which he presented it with *Camphor* as the remedy for cholera. "It is a wonderfully benevolent arrangement of God," he says, "that He has made it possible for man to fortify himself against, and render himself unsusceptible to, the most deadly distempers, and especially the most fatal of them all, the infectious principle of cholera." Hahnemann, you see, was quite as confident about the prophylactic as the curative virtue of *Camphor*. One cannot but envy the confidence which makes him write thus: "If physicians would but take warning, and render themselves uninfected by taking a few drops of camphorated spirit—approach the cholera patient in order to treat him at the commencement of his sickening with this remedy, which alone is efficacious, and which most certainly destroys the miasm about the patient, by giving him, as I have taught, every five minutes, one drop of it, and in the interval assiduously rubbing him on the head, neck, chest, and abdomen with the same medicine poured into the hollow of

the hand, until all his giddy, faint powerlessness, his suffocative anxiety, and the icy coldness of his body has disappeared, and given place to reviving animation, tranquillity of mind, and complete return of the vital warmth; in this manner *every* patient would not only have been *infallibly* restored within a couple of hours, but, by the cure of the disease with pure *Camphor*, they would at the same time have eradicated and annihilated the miasm in and about the patient, about themselves—even in the clothes, the linen, the bed of the patient, in the very furniture and walls of the apartment also; and they themselves (the physicians) would then carry off none of the contagious principle with them, and could no longer infect persons through the town.” Those who wish to study Hahnemann’s treatment of cholera and its infecting principle should refer to Dr. Dudgeon’s pamphlet on the disease, published many years ago. But there is a qualification appended to *Camphor* as a remedy which it is exceedingly disappointing to be obliged to add to what has been said. I shall again quote Hahnemann: “Thus, the cholera is most surely, and easily, and almost miraculously curable, *but only in the first couple of hours from the commencement of the sickening*, by means of the employment of pure *Camphor*.” He goes on to say that even then—that is to say, after two hours have elapsed—*Camphor may* do good, and that it annihilates infection. What proportion of cholera cases are seen within two hours of their seizure? If we hold to this opinion of Hahnemann, have we any right to call *Camphor* a specific against cholera? Should it not more correctly be classed as a prophylactic? To lay down as a condition of the utility of a remedy, that it be given within the first two hours of the existence of the disease it is intended to treat, is to throw doubt on the remedy altogether. In the instance of cholera especially, a large proportion of the cases do not declare themselves undoubted specimens of the disease till for more than two hours have elapsed. It is unfortunate that Hahnemann did not make it quite clear what he meant by those two hours. If they refer to collapse, and collapse only, even in that case there has been too much

boasting about the infallibility of the *Camphor* cure, for it is a misapplication of terms to call a remedy infallible that need not be given except in the first two hours of the disease. But if they refer to preliminary diarrhœa, or merely premonitory signs, then, in a scientific point of view, *Camphor* fails, and should no longer be quoted among cholera remedies. But, before condemning it, let us hear what Hahnemann's disciples say of the remedy. All praise it, but in different degrees. Our colleague Dr. Rubini, at Naples, speaks as confidently as his master, and makes no qualification at all as to the virtue of *Camphor*. He boasts of having treated, with the assistance of one or two other physicians, some 680 cases, and that, too, without the loss of a single patient. He attaches much, I cannot but think undue, importance to the solution of *Camphor* he administers, which, he insists, should be a saturated tincture consisting of equal weights of the drug and spirit. If *Camphor* has not been so successful in England and in other countries as at Naples, I cannot bring myself to believe that that want of success is explained by the use of a weaker power of the medicine. What, then, accounts for the comparative want of success in England, and for Dr. Rubini's success with *Camphor*? It appears to me that there is only one way of accounting for the discrepancy, and that is by concluding that the Naples cases were not of collapsed cholera, but cases of severe diarrhœa, or cholerine, as the Russians call it. It may be wrong to come to this conclusion, but, till we get more particulars of Dr. Rubini's cases, we are justified, I think, in coming to it. Here is a pestilence which has defied all remedies during all its former visitations, in which *Camphor* has often, singly and in combination, been given before with a success which has never attained a percentage of recoveries over two thirds of the cases treated, but which now has been given in nearly 700 cases without the loss of one. I again say that we are, in these circumstances, justified in expressing doubts, or, at all events, in reserving our judgment. Dr. Holland, at Honiton, treated, in 1849, eleven cases of cholera with *Camphor*—all of which, he expressly states, were collapsed ones—with the loss of one

only. But he gave *Jatropha* and *Veratrum* as well as *Camphor*, and so the whole credit of the cures must not be given to the latter. The cases treated by sweating in wool at Lille in France, or at Kingston in Jamaica, with common salt, all of which recovered, to the number of 200, may just as well, on the evidence which has reached us, be considered to prove that salt in the one case, and sweating in wool in the other, are specifics in cholera.

The range of medicines which have been found especially useful by homœopathic practitioners in this country in the four epidemics is not a very large one. Many in the different stages of the disease have been tried, but three only, or at most four, have gained the test-approbation of all who have treated the disease—*Camphor*, *Arsenicum*, *Veratrum*, and *Cuprum*. *Aconite*, *Ipecacuanha*, *Jatropha*, *Nux Vomica*, *Chamomilla*, *Mercurius*, &c., have frequently been made use of in different cases and at different stages of the disease, and with a certain measure of success. *Arseniuretted Hydrogen* was suggested and tried by Dr. Drysdale at Liverpool, who found it useful in some extreme cases, but the difficulty of making and supplying it prevented its being tried on a large scale. Indeed, all remedies requiring apparatus for their administration will scarcely ever have fair play in the case of a disease like cholera. In Petersburg, in 1848, *Camphor* was found of little or no use; *Arsenicum*, also, of little efficacy; but *Veratrum* was found to be *the* remedy:—"All the allopathic physicians and apothecaries ran as if mad, it was said, to the homœopathic chemists' shops for this medicine." At Riga, Bucharest, and Magdeburg, *Camphor* was found useful only in the first stage; and, in collapse, *Cuprum* did most service at Riga, and *Veratrum* at Magdeburg and Bucharest. Both Dr. Russell and Dr. Drysdale came to the conclusion that *Arsenicum* was a better medicine for collapse than *Camphor*; and it ought to be so, if the proving is to be the test. Dr. Pulk and Dr. Ehrmann, in 1849, treated 1116 cases, and lost only 35. They used *Camphor* in the first stage, and *Arsenicum* and *Veratrum* in that of collapse. Fleischmann, at Vienna, found *Veratrum* and *Arsenicum* the most useful. Dr. Kidd and Dr. Bayes

recommend *Camphor* in the collapse as well as first stage of the disease. Dr. Russell goes so far as to say that in confirmed cases—by which he means, I suppose, collapsed ones *Camphor* is of no use whatever ; and this conclusion he comes to after considerable experience, and on no theoretical grounds. He believes *Camphor* to be an antidote to the exciting cause of cholera rather than a cure for it ; and that if there is a specific, *Arsenicum* is that one. At Doncaster, the other day, Dr. Dunn treated 7 cases, of which 3 died ; and, in the same hospital (his hospital, St. James's), 32 were treated allopathically (Dr. Dunn having with great liberality opened his hospital—the only one in the town—to all comers), of which only 2 recovered. Though 7 cases are too small a number to draw conclusions from, still it is right to say that Dr. Dunn found Rubini's saturated *Camphor* useful in the first stage only, and *Arsenicum* the best medicine afterwards. It is right to mention, also, that the experiments made with *Camphor* by Dr. McCloy at Liverpool, Mr. Richardson in the Whitechapel Workhouse, and Dr. Fraser in the London Hospital, all ended in negative results, though the saturated tincture was made use of. Those experiments are said to have been unfair ; but it would be going too far to say that all experiments with Rubini's *Camphor* which are followed by the same result are not to be considered fair ones. In the last number of the *Monthly Homœopathic Review*, Mr. Freeman gives the particulars of a case of cholera which he treated. Rubini's *Camphor* failed to check the symptoms, though given early, and *sulphate of copper* succeeded in effecting a cure. I think the verdict as to *Camphor* being a specific or not must be "Not proven," but that of the comparative efficacy of allopathic and homœopathic treatment must be given in favour of the latter. It is not necessary for me to give the statistics of the two modes of treatment, which are familiar to us all. Those statistics prove that whereas the mortality under the allopathic treatment ranges from 50 to 70 per cent., that under homœopathic treatment ranges from 20 to 30 per cent. To what are we to attribute our greater success ? I do not believe it is because we have found a

specific against cholera. The treatment of a disease which gives a mortality of from 20 to 30 per cent. is not treatment to boast of, and proves, at all events, that it is not specific. I believe our greater success to be owing to our interfering less with nature's own processes, and to our admirable dietetic and hygienic appliances. It is not a flattering conclusion to arrive at, and I should be glad to be convinced that I am wrong in coming to it; but I am afraid that no other can be drawn from the facts in our possession.

And now to sum up. If I have given a correct idea of the present state of our knowledge of cholera, the answer to the query "What do we know about it?" must be "Very little." Most will be very unwilling to allow this. It will be difficult to persuade them that on a subject so much talked of, so much investigated, so familiar to their minds as cholera, they know so little. But there are some who know and acknowledge their ignorance—who know that clever theories do not necessarily explain that some remedies that apparently, do not really, cure, and that the most dangerous guide to a medical man in the treatment of disease is the maxim *Post hoc ergo propter hoc*. We have seen that every point connected with this formidable epidemic is still unsettled. We are not even sure whether it first showed itself in 1817, or simply reappeared. We know neither how it originates, nor how it spreads. We are in doubt as to whether quarantine precautions are or are not necessary to hold it in check. We doubt as to whether it is of atmospheric or volcanic origin, or generated, in favorable circumstances, in the human body. We do not know whether it can be generated *de novo*, or must always be traced up to one centre of infection. If atmospheric, we do not know whether it is a change in the quantity or quality of the gases which compose the atmosphere, or the presence of animal or vegetable life in the air; if volcanic, whether water or malaria is the vehicle. Then, as to the attacks and the disease, we contest the question what the first symptoms are—whether there is preliminary diarrhœa or not, and whether collapse should always be present before it can be said to be a case of cholera. There is not a single question connected

with the pathology which can be said to be settled, and even the morbid anatomy excites much difference of opinion. As to preventives and prophylactics, innumerable suggestions have been made, some of them very confidently, but, brought to the test, they must all be allowed to have failed. And, as to treatment, the same painful confession must also be made. The materia medica has been ransacked for a specific, and we are still in search of one. At one time I thought that there was one point at least all were agreed upon, that of sanitary precautions; but we have seen that even that question is not granted. It must, therefore, be allowed, I fear, that the present state of our knowledge of cholera is very unsatisfactory and meagre. But there is hope in the future. On the foundation of our ignorance and of our failures, we shall, I believe, raise a superstructure of sure practice. Further investigation—in which we shall be guided by past errors, will solve the problem of a specific for cholera.

REVIEW.

The True and the False Sciences : a Letter on Homœopathy.
Churchill.*

OUR attention was directed to this anonymous pamphlet by the somewhat unusual circumstance of a notice of it in the *Saturday Review*. In an article on Homœopathy, by no means up to the *Saturday* mark, it was intimated that if any one wished to see the scientific pretensions of the system demolished, he would find the work done in the Letter on *The True and the False Sciences*. We accordingly obtained, and read with much curiosity, the pamphlet so commended. We need hardly say that we do not feel demolished : on the contrary, it will be our pleasing endeavour in the following remarks to perform this kind office for our opponent.

We find that the "Letter" in question was addressed to a medical friend, who in the course of his practice had met with some of the results of homœopathic treatment, and being at a loss to explain them, applied to the writer in his perplexity. So far the preface : but in an appendix we learn that the "medical friend," who is also a near relative of the author, has been too quick for him. Practising at Auckland, New Zealand, his convictions have outstripped the return of post ; and before the receipt of the Letter on *The True and the False Sciences*, he has publicly avowed his conversion in a pamphlet entitled (curiously enough) *The Scientific Character of Homœopathy*. This pamphlet, according to our author, is "written with much ability ;" and "the remarks on the efficacy of very small doses of medicine, and the arguments by which he seeks to combat *à priori* objections to their employment, are ingenious, and, coming as they do from a conscientious observer who appeals to facts, deserve attention." We are glad to cite these

* This review was written before the appearance of Mr. Giles' own able answer to his relative in the *Monthly Homœopathic Review* for November.

remarks, as showing that we have a candid adversary to deal with, and that the strong language he uses about our system is not necessarily personal towards its possessors.

The argument of the Letter is as follows. The writer is persuaded that the "absurdities" of homœopathy, "when once seen, carry their own refutation." He has set himself, therefore, "not to show that they are absurdities, but to bring them into the field of vision." To prepare the way, however, he has entered at some length into the nature and history of the sciences, borrowing his exposition (as he modestly admits) from the writings of M. Comte. Contrasting then the false with the true sciences, Astrology with Astronomy, and Alchemy with Chemistry, he believes that he has only to exhibit homœopathy as it is, to show that it bears a corresponding relation to "inductive medicine."

We desire to meet the author upon his own ground, and shall therefore let pass the confusion of thought which his taking it implies. The confusion we refer to hangs about his conception of Medicine, which he once indeed calls an art, but generally regards as a science. Nor is his thought made clearer when, in the one place where the "art of medicine" is spoken of, it is connected with the "sciences of physiology, pathology, and *therapeutics*." For "therapeia" is surely only the Greek for that of which "medicina" is the Latin; and if the one denote an art, the other cannot be the name of a science. What the author really has in his mind when he speaks of therapeutics is *pharmacology*. "On the study," he writes, "of the substances used in medicine as remedies, or capable of being so used, of the changes produced by such substances on the living body, whether in health or disease, and of the modes in which such substances act in producing such changes, is based the science of therapeutics." Not so, but that of pharmacology, or pharmaco-dynamics. The facts before us are the phenomena produced by drugs on the body; the laws we seek to ascertain are the principles upon which the drugs act in producing the phenomena. This is a science proper, having its end in itself, but capable also of

being brought to bear upon art. The art in this case is that of healing—therapeutics, or medicine. Physiology and Pathology are two other sciences, having likewise their end in the knowledge they bring, but also conducive to the better exercise of the art of healing. Therapeutics, therefore, is an art like Navigation and Agriculture and Building, and not a science like Astronomy and Chemistry and Physics. But just as Astronomy perfects navigation, and Chemistry agriculture, and Mechanical science building, so do the biological sciences—Physiology, Pathology, and Pharmacology—form an indispensable base for a successful art of medicine.

We may return to the position here taken up further on : at present let us meet our author, as we proposed, on his own ground. There are true and there are false sciences : there are certain criteria which distinguish the one from the other : homœopathy, tested by these criteria, is found to be a false science. This is the gist of his argument, and to it we will apply ourselves.

“The false and the true sciences have this in common, that they both profess to consist of and to depend for their truth upon certain facts, and certain principles based on such facts : it is necessary therefore, in order to distinguish them from each other, to ascertain by what criteria we judge of a fact or of a principle. A *fact* is an occurrence which has taken place under certain circumstances : it follows, therefore, as nature is consistent with herself (a postulate always understood in scientific inquiries), that under similar circumstances such occurrence will again take place. What we require, therefore, to enable us to test a fact is—1st, a complete statement of all the circumstances relating to what is said to have taken place ; and, 2ndly, an opportunity of repeating the experiment under precisely similar circumstances. * * * And a principle or ‘law’ is a general statement of some property belonging to a certain class of facts. Every principle must therefore be based on *verified* facts, from which it has been obtained by generalisation or ‘induction.’ The conditions to be required of a principle before it can be accepted as true, are—1st, that the

proposition stating it should be clear and definite, distinctly stating what that is of which something is said, and what that is which is said of it ; and, 2ndly, that *every* fact within our knowledge agree with such statement. * * * A true science is therefore to be distinguished from a false one by applying the criteria that have been mentioned to its principles and facts."

We have given the author's *ipsissima verba*, that full justice may be done to his case. We shall not put in any objection to the criteria he has selected. We might, indeed, have said something about the "precisely similar circumstances" required for testing alleged facts ; but we are spared the treatment of this part of the subject. With strange want of grasp, as it seems to us, of his own argument, the author nowhere applies his criteria to the "facts" of homœopathy, devoting all his space to its "principles." It is unnecessary for us, therefore, to do more than assert that the facts of homœopathy can stand this or any other test ; that we have furnished and can furnish "complete statements of all the circumstances relating to" the pathogenetic and curative effects we claim for our remedies, and that there is nothing to prevent any medical man from repeating our experiments under circumstances as precisely similar as in the nature of things they can be.

The two "principles" of homœopathy discussed by the author are, "*Similia similibus curantur*," and "Medicines in infinitesimal doses have a wonderful efficacy when the medicine used happens to be in specific relation to the case."

1. The commencement of the discussion of the homœopathic formula is disfigured by two unpleasing attempts to prejudice the question. First, the author tells his readers that "'*Similia similibus curantur*' is put forward as opposed to another formula, *assumed* to be recognised by the medical profession as a principle and to be adopted by them in practice, viz., '*Contraria contrariis curantur*,' 'Unlike is cured by unlike ;' and this last principle is called the principle of 'allopathy,' and the members of the medical profession are called accordingly by those who practise homœopathy 'allopathists.''" All this is stigmatised as a fiction,

and a "not very candid trick." It is indeed a fiction, —we will not say a trick; but it is the author's own. If we were to translate "contraria" by "unlike," instead of "opposite"—if we were to call a practice based upon the principle "*Contraria contrariis curantur*," allopathy, instead of (as in the very passage quoted from Hahnemann on page 30) antipathy or enantiopathy, we should be as failing in scholarship and etymology as, were we to assert this to be the guiding principle of general practice, we should be in fact. We have really done neither of the three. We have always said with Hahnemann that medicines must act either enantiopathically, homœopathically, or allopathically, *i. e.*, in a manner directly opposite to the disease, as when *Strychnine* is given for paralysis; like it, as *Mercury* in constitutional syphilis; or altogether different from it, as in most of the uses of emetics, purgatives, diuretics, &c. The examples of all three modes, it will be seen, are taken from the ordinary practice. But, since the great bulk of it consists of the exhibition of the indirect remedies last named, we are in the habit of styling it "allœopathy," or (probably only by degeneration) "allopathy." We use the term merely for convenience, and in a loose and popular sense—never by way of argument, as "putting up an antagonist in order to knock him down again." Next, the ambiguity of the formula "*Similia similibus curantur*" is dwelt upon as a failure of the "first condition laid down as belonging to a true principle," viz., that it should be clear and definite. Again we must reply that the ambiguity is the author's, not ours. He is confounding a principle with the formula which enshrines it. If he had ever looked into the apologetic literature of homœopathy, he would have found every writer endeavouring to set forth the principle in exhaustive and intelligible expression. The very property of a formula which fits it to be a watchword disqualifies it to take place as a proposition. Terseness and suggestiveness belong to the one, fulness to the other.

We are glad to escape from these disagreeable but unavoidable altercations, and to come upon a course of argument which is really well done, and which we must follow

step by step. Waiving his objections to the ambiguity of our formula, the author proceeds to analyse it, and expresses it, extended to its full length, as—"Diseases are cured by remedies capable of producing like diseases." What, then, he asks, are we to understand by the word "like?" "All things are like each other in some points, and differ in others." All things *exist*, and so resemble each other; but some exist spiritually and some materially. All *material* things, *quoad* material, are like; they differ in being, some organic, some inorganic. All *organic* things have vital properties in common, but they diverge according as they are animal or vegetable. And so we descend until we arrive at the individual, who has some peculiarity which distinguishes him from every other existing thing. "Everything, therefore, has a number of *generic* properties, common more or less to it and other things, and certain *specific* properties or qualities, distinguishing it more or less from other things; the extreme point of generality including every existing thing, the extreme point of speciality excluding everything but the individual itself." So it is with disease. All are departures from health, but some are parasitic, some miasmatic, some diathetic, some dietic. All the miasmatic diseases are febrile; but some of the fevers are intermittent, some remittent, some continued, and some eruptive. Again, the eruptive fevers resemble each other in possessing an exanthema, but differ according as this is of the character of measles, scarlatina, or smallpox. Lastly, each individual case of either smallpox, measles, scarlatina, or any other disease, has its own peculiarities which distinguish it from every other case. What, then, does "likeness," in the homœopathic formula, mean? does it refer to the generic features of the disease, or to the specific?

Our author answers, that the likeness should be specific, and not merely generic; and to this we heartily assent. But we must inform him that this is a point on which writers of our school, from Hahnemann downwards, have never been weary of enlarging. It is curious enough, since our doctrines "once seen carry their own refutation;" but so it is. Let him read Hahnemann's remarks, in his *Orga-*

non, on the "individualisation" of disease ; or Dr. Madden's essay in the eighth volume of this Journal, on the "genico-dynamic" and "idio-dynamic" actions of medicines ; or Dr. Carroll Dunham's admirable tractate on *Homœopathy the Science of Therapeutics*, and he will find that we are thoroughly alive to the full force of the word "like" as it stands in our formula. Still more strikingly true, is this of the next matter on which the author enlarges. What are these specific symptoms in which the likeness is to stand ? Are they merely those which appear on the surface ; and strike the uneducated eye ? They ought not so to be, for "very often the same surface symptom belongs to two or more utterly distinct conditions of the body, while the symptoms which distinguish these conditions do not lie on the surface, and can only be ascertained by more profound research." They are still symptoms, for "every disease is only a group of symptoms or appearances." But they need the pathologist to discover them ; bringing as he does to his aid "all the resources of science (the stethoscope, the microscope, the speculum, the test-tube, the dissecting-knife, &c.) and thus seeing not only all that the others do on the surface, but all that lies beneath the surface as well ; so that he can distinguish where they could not, and the *homoios* to them would be the *allos* to him."

Now this is just what Hahnemann was continually reiterating in the phrase "the totality of the symptoms." What matters it that in his day "pathology could hardly be said to exist as a science ?" His doctrine is the same. Obtain all the symptoms you possibly can, both in proving your medicines and in examining your patients ; then, in prescribing for an individual case, select that remedy which corresponds most nearly to the totality of the symptoms present. Is it conceivable that Hahnemann, who was such a glutton after symptoms, would have despised those additional ones afforded by auscultation and percussion, by microscopical examination and chemical analysis ? At any rate, his disciples have not adopted so inconsistent and suicidal a course. They would readily subscribe to the author's final putting of the Homœopathic formula :

“Diseases are cured by remedies capable of producing diseases which in the eyes of competent observers shall present all the symptoms, both superficial and deep, which essentially characterise and distinguish the diseases so cured.”

And yet the author seems to think that if by “competent observers” pathologists are understood, the question is already decided. For, 1st, “In Hahnemann’s day pathology could hardly be said to exist as a science,” but this only makes questionable his own instances of the operation of the law of similars; and 2nd, “from that time to the present hour not one pathologist or physiologist has come forward and asserted his belief in this homœopathic principle;” but this is a mistake, and an unpardonable one, when, to go no farther, Henderson is Professor of Pathology in the University of Edinburgh, and Arnold of Physiology in that of Heidelberg, and both are avowed homœopaths; and 3rd, “not only do pathologists unanimously deny that diseases are cured by remedies capable of producing similar diseases, but *they deny that such remedies exist.*” The clause in italics (the author’s own) is startling, if true; but it is the barest of assertions. Who are the “pathologists” who have ventured this denial, and where have they expressed it? As far as our reading extends, the lights of modern medicine—men like Rokitansky, Williams, and Pereira—dwell rather on the resemblances than on the diversities between diseases and the effects of poisons. Were there no true similarity between the two, this point would have been urged by writers against homœopathy before now; but, so far as we know, this is its first appearance in the controversy. Until, therefore, the author can cite some half-a-dozen pathologists of eminence to support his venturesome negation, we must treat it as resting solely on his own authority.

Nevertheless, our cause is so rich in means of defence that we can afford the luxury of answering it. Let us ask our adversary, then, if *Strychnine* does not induce the essential symptoms of tetanus, and *Cannabis indica* of catalepsy. Can he deny that *Arsenic* inflames the stomach,

Podophyllum the small intestines, and *Corrosive sublimate* the large, in a manner which, if the affections occurred idiosyncratically, would make us call them gastritis, enteritis, and dysentery. Has he never met with cases of vomiting which have reminded him of the effects of *Ipecacuanha*, or of cerebral disturbance which have been precisely similar to the phenomena of poisoning by *Hyoscyamus* or *Stramonium*? Can he style the effect of *Cantharis* upon the bladder anything but strangury, that of *Iodide of Potassium* upon the Schneiderian membrane anything but coryza, that of *Colocynth* or *Lead* within the abdomen anything but colic? These are all obvious results of well-known poisons. But were our author to follow our guidance into the wealthy stores of homœopathic literature, we could show him many other and still more complete instances of similarity. We could show him *Tartar Emetic* inducing broncho-pneumonia, not only in the post-mortem investigations of his own pathologists, Majendie and Lepelletier, but in the personal experiments of our colleague, Dr. Molin. We could point him to the albuminuria and dropsy of arsenical poisoning, and complete the picture by the pathological changes caused by it in the kidneys; and he would no longer doubt that *Arsenic* can cause a true Bright's disease. We would exhibit to him the inflamed throat of *Belladonna*, the conjunctivitis of *Euphrasia*, the false membranes in the air-passages of *Bryonia*, the duodenal ulcers of *Bichromate of Potash*, and the fatty degenerations of *Phosphorus*. And then in our provings we would show him under the head of these medicines respectively the very subjective symptoms he would expect to meet in connection with their characteristic lesions. And if, after this, he will repeat his assertion, "No substances exist in nature, as far as we know, which are capable of exciting in the human body symptoms similar to those groups of symptoms which we call disease;"—well, we will no longer listen to him when he writes about true and false science.

2. One other homœopathic formula the author discusses. He puts it in the words of his medical friend thus: "Medicines in infinitesimal doses have a wonderful efficacy when

the medicine used happens to be in specific relation to the case." We are glad to find that he abandons what many have fancied the best vantage ground on which to combat homœopathy. Except by assumption (p. 22, l. 3 from bottom) and inuendo (p. 31, l. 13) he makes no attack upon infinitesimal doses. In truth, the ground is no longer tenable. Every step that science takes reveals the existence and activity of the infinitely little. When the 10,000th of a grain of *Strychnine* will tetanize a frog; when the pupils can be dilated with the 400,000th of a grain of *Atropine*, or rather with a drop of a solution of this strength of which probably not a fiftieth part is absorbed; and when by the spectrum analysis the presence of sodium can be detected, although in quantity it be only the 20,000,000th part of the atmosphere of the room;—to speak of the absurdity of infinitesimals is itself absurd. We need send no more forces to this part of the field; Science is fighting the battle for us, and perhaps will invite us to her triumph. It is significant of the change in the prospect of affairs that our author does not touch this part of the subject. Substituting "small," however, for infinitesimal, he propounds another theory of the action of such doses which he thinks by its superior rationality capable of pushing the homœopathic explanation out of its place.

Let us hear this theory. "In very many cases medicines are borne not only with impunity but *with advantage*, in doses so large as to be dangerous to life in persons in health, and in such cases the word 'tolerance' is applied with reference to such medicines. There are also cases which are *intolerant* of even exceedingly small doses. The 'tolerance' or 'intolerance' manifested by the system towards the medicine depends on whether the action of the medicine tends or not in the same direction as that to which the action going on in the body (the pathological action) is tending." What is this but saying in other words that some medicines have a contrary and some a similar relation to the symptoms of disease, and that the former (antipathic) must be given in large doses to produce their effect, while the latter (homœopathic) will act in quantities smaller than

“exceedingly small,” *i. e.*, we suppose, infinitesimal? It is just what we homœopaths have been saying over and over again since Hahnemann first made the discovery. But the practical corollary of the author is very different from ours. He writes, “The grounds on which we decide which of the two classes of medicines in question are to be given are not whether the two actions (pathological and medicinal) do or do not resemble each other; but whether the pathological action which is going on does or does not tend to the restoration of health; a question which clearly a pathologist, and only a pathologist, can settle.” And which, we add, “pathologists” are very unlikely ever to settle. The adoption of this principle would reduce the treatment of all diseases to the same pass as that of cholera. On the one side we have had Dr. Johnson and his followers maintaining that the evacuations of cholera are eliminative, and ought not to be restrained but rather promoted. On the other have been ranged numerous names of note, and here it is believed that your chief duty is to check the diarrhœa, and that castor-oil is so much poison. In the mean time, while the doctors fight about their theories of disease, the patients die. Homœopathy is at least a more practicable system. It matters nothing to our treatment (as we pointed out in our July No., p. 482) what may be the *intent* of the symptoms. It is sufficient for us to find their simile in our pathogenetic records. And so all homœopaths have treated and continue to treat cholera in the same way; and our comparative success is a matter of notoriety.

We must say a few words about the case mentioned by the “medical friend,” and which our author dismisses so cavalierly. It was one of dysentery, and was cured by two or three doses of half a drop of the *Liquor Arsenicalis* (*i. e.* gr. $\frac{1}{340}$ of *Arsenious Acid*). It is objected that *Arsenic* inflames especially the stomach and upper portion of the alimentary canal, while dysentery is an ulcerative process affecting only the rectum and colon; and hence that it was not truly homœopathic to the case. But if the author will turn to his Christison, he will read that in arsenical poisoning “it is a curious fact, that the rectum is sometimes

much inflamed, though the colon, and more particularly the small intestines, are not. Dr. Male mentions that in man he has found the rectum abraded, ulcerated, and even redder than the stomach itself; and Dr. Baillie also notices three cases in which the lower end of the rectum was ulcerated."

And now of what has been said this is the sum. We have applied to homœopathy the criteria alleged as testing the truth of any scientific principle. It has failed in no point to answer them. The formula "*Similia similibus curantur*" when expanded into a proposition, is found to be "clear and definite, distinctly stating what that is of which something is said, and what that is which is said of it." And, secondly, in opposition to a general denial, we have brought forward numerous specific facts which agree with this statement. Until other facts are alleged on the opposite side (on which the *onus probandi* now lies), we are justified in assuming that the homœopathic principle conforms to the second criterion, viz., that "every fact within our knowledge agrees with its statements." And, therefore, the final corollary is, that homœopathy is not a false, but a true science.

And here we might close but that we have a few parting remarks to make upon our author's general treatment of Hahnemann and homœopathy.

1. Did we not know how great is the provocation to any unprepared reader of Hahnemann's writings, we should complain of the very harsh treatment he receives in the pages of this pamphlet. The psora and dynamization theories are paraded in all their bareness for his discrediting. He is blamed for not being acquainted with the latest doctrines of science concerning dynamical change being necessarily connected with material change. And he is laughed at for believing that the quadrillionth of a grain of gold can effect a rapid cure of a certain form of melancholia. No justice is done to his immense learning, to his marvellous industry, to his self-sacrificing experimentation, to the lofty devotion to truth manifested in his noble letters. If we had space it would be easy to show that the psora theory, stripped of its accidents and its exclusiveness, repre-

sents a reality which, indeed, the French pathologists have recognised in their "dartreux," or "herpetic" diathesis; and that dynamization—*i.e.*, the development of power by trituration of inert substances, if not by dilution and succussion of those that are soluble—is a fact, however questionable may be Hahnemann's theory to account for it. His errors ought to have as little weight in our estimate of him as Bacon's rejection of the Copernican system, or Newton's incorrect theory of the material emission of light. Indeed, our author concludes by comparing him with Swedenborg and Comte. We accept the comparison; and (to say nothing of Swedenborg) will contentedly leave the psora and dynamization theories with the worship of abstract humanity, if Homœopathy is admitted to a claim on our notice corresponding with that of the Positive Philosophy.

2. Of the views expressed in this pamphlet concerning our doctrines we have discoursed at length. We have no fault to find with the author because he differs from us, nor even because he does so in a rather bitter manner. It is provoking to find a large portion of the public, and even one's own friends and relatives, accepting doctrines which make one's own position untenable. But we do strongly protest against the language he uses against us as a body, in our relation to the rest of the profession. We are told that homœopathy, like all the false sciences, "evades the critical process" (p. 13); that it is its "dogmatic character, its display of itself before the public as a sect separated from the rest of the medical profession by a distinct name, and claiming for itself distinct principles, which gives it its offensive character in the eyes of rational men, and justifies the rest of the profession in calling it a quackery" (p. 40). We believe that all this is said in ignorance; but we cannot the less stigmatise it as untrue. Homœopathy has never evaded the critical process; it has rather courted it. Our hospitals and dispensaries, our literature and practice, are open to all. We have no mysteries, no secrets. There are few keener joys (we speak at least for ourselves) than that of discussing our views with our brethren of the old school, on the rare occasions of such

discussion being allowed. The charge of "dogmatism" means only that we believe heartily in the truth at which we think we have arrived; but that of sectarianism cannot stand for a moment. Is it our fault that we stand "separated from the rest of the profession?" Did we, do we now, when we come to accept the truth of Hahnemann's great discovery, withdraw ourselves from the institutions, the societies, the consultations of our colleagues; or are we thrust out? The guilt of schism lies with the exclusionists. For ourselves we repudiate all sectarianism. We submit to be called sectarians, while we have the apparently separate position which circumstances have forced upon us. But in spirit we are members of the one Catholic Church of medicine. We inherit its traditions, we lament its present weakness and divisions, and look forward to our ultimate re-union with it in the day that it acknowledges the truth to which we witness.

If, indeed, that were true which our author alleges, even our apparent separation might have been unnecessary. You may enter the field of therapeutic inquiry, he writes to his friend, "unfettered by any restrictions but those of reason and conscience; and whatever conclusions you may arrive at, you need join no sect. For medicine is a liberal science. The medical profession is composed of a body of men associated together with one common object. They pursue that object unencumbered by any dogmas: recognising no authority but reason; no creed but truth; they admit that their science is in an imperfect form, and gladly accept new facts and new principles, come from what quarter they may; requiring only that the facts stand the test of experiment, and that the principles accord with known truths. *The members of the profession are at liberty in their practice to adopt any method of treatment that commends itself to their understanding,** subject of course to the pains and penalties that attach to culpable negligence or ignorance. They also may advance any theory, and it will be received with respect, provided that it comply with the conditions already laid down." From the heights of

* The italics here are our own.

this glowing vision of that which should be, let us step down to the cold level of that which is. Let our author read the deliverances upon homœopathy during the last few years of his leading journals, the *Lancet*, the *Medical Times*, and the *British Medical Journal*. And if he feel, as he should feel, revolted at the narrow, intolerant, persecuting spirit there displayed, let him try to help forward a better state of feeling. If we are ever to see truth, it will be in the *lumen siccum* of pure reason, and not in the *lumen madidum* of passion and prejudice. Our present opponent is too candid for us not to hope that with him at least we shall one day see eye to eye, when the breaches are healed in our Zion.

CLINICAL RECORD.

Ulceration of Cervix Uteri—Cure by Caustics, &c.

Suspected Ovarian Disease with Sterility—Cure by Platina.

By J. HARMAR SMITH, M.R.C.S.

October, 1852.—Mrs. S—, Sheffield, æt. 26, married five years, and began to suffer from uterine symptoms in a few weeks afterwards. Symptoms at the date above mentioned: pain in sacral, lower hypogastric, and left ovarian regions, most severe in first-named situation, not constant, but induced by the least exertion; shoots down inside of left thigh, so that she has often to stop whilst walking; symptoms aggravated at menstrual periods; intermenstrual leucorrhœa.

Digital and specular examination revealed an abundant physical cause for the symptoms. The cervix uteri was considerably hypertrophied, and partially prolapsed and retroverted, so that it was difficult to introduce the finger between it and the rectum. The gradual diminution of the hypertrophy by treatment induced the partial reduction of the retroversion, and after a few weeks I was able to observe that there was a non-vascular ulcer surrounding two thirds of the os, and entering it, the os itself being patulous, and nearly circular. There was no difficulty in the in-

trodition of Dr. Simpson's uterine sound to a depth of several inches. The introduction of this instrument, however, caused a good deal of pain, and when removed its extremity was covered with blood and muco-pus, thus confirming the diagnosis of ulceration within the cervix. I seldom also made an examination in the early stage of the disease, without noticing strings of glairy mucus attached to the inside of the os; the presence of which Dr. J. H. Bennett considers pathognomonic (together with the open state of the os) of inflammation of the cavity of the cervix.

Mrs. S— was upwards of eight months under continuous treatment (I was then an allopathist). Leeches were applied to the cervix a few times, with the effect of diminishing the hypertrophy, and afterwards a saturated solution of nitrate of silver to the edge of the os and within the cavity of the cervix. I applied the solid nitrate at first, but did not continue to do so because of the agonising pain which it caused. I also ordered an injection of a strong solution of sulphate of alumina twice daily, and occasionally exhibited *Nitric Acid* in compound decoction of *Sarsaparilla*. This treatment was continued from October, 1852, to June, 1853, when the ulcers on the surface of the cervix uteri were healed, and judging from the abatement of the pains and discharge, there was reason to believe the internal ulceration also. Mrs. S— at this time expressed herself better in health, and more free from pain than she had been for years, and was desirous of trying the effect of a protracted visit to the country for her complete recovery.

She again consulted me in 1854. She was then suffering from pain in the left ovarian region only, which she had never entirely lost. There was now no leucorrhœa, nor could I by the most careful examination discover anything abnormal about the cervix uteri. The pain continuing after several months' treatment, I sent my patient to Dr. J. H. Bennett, many of whose pathological and practical conclusions I had verified by means of this and other cases.

Dr. Bennett wrote me word that he could find little except the traces of past disease, and did little more than recommend sitz baths.

After this my patient went abroad, and did not return to England until 1858, in the September of which year she again consulted me. She had never quite lost the pain in the region of the left ovary, and now especially complained of a feeling of

internal soreness, as if caused by a partially healed wound; increased by going up stairs, or any sudden movement. There was no leucorrhœa or other symptom leading to the idea of a relapse of the cervical affection, and I attributed her present symptoms to chronic ovaritis, a view which a reference to Dr. Tilt's work (on uterine and ovarian inflammation) confirmed.

Subsequently to Mrs. S— last consulting me I had become an homœopathist, and *Platina* appearing to be the most nearly related to her symptoms, I gave it in globules (3) for nearly six months. During this period the symptoms gradually yielded.

At the beginning of June, 1859, she passed the menstrual period, and began to suffer from morning sickness and other symptoms, which proved to be the incipient signs of pregnancy. A few months later she went to America, and was there delivered of her first-born child, after a previous unfruitful connubial life of about twelve years. She had never aborted.

Thus, although allopathy was able to cure the more superficial lesion, yet even in the hands of one then at the head of his department of the profession, it was unable to reach the more deeply-seated disease. This homœopathy did through the medium of one then a mere tyro in its practice, and the long-existing pathological barrier being removed, nature was enabled to do that which she had so many years attempted in vain.

Acute Anæmia, with frequent Syncope, cured by Iron.

By J. HARMAR SMITH, M.R.C.S.

September 3rd, 1865.—I was sent for this sultry Sunday afternoon, in great haste, into a village in a rural part of Kent, many miles distant from any railway station, to see a lady who was supposed to be in a dying state. I felt it necessary to obey the summons at once. I found my patient a middle-aged lady of bilio-nervous temperament. She had had a large family, and had flooded at her last confinement, since which she had never regained her strength, but her present symptoms appeared to have been due to repeated attacks of menorrhagia. I found her suffering from a succession of fainting fits, which had continued to recur for many days, during which her friends had more than once suspected life to be extinct. There was nausea with frequent vomit-

ing, pulse small and compressible, deadly paleness, sunken features and cold extremities. There was no murmur accompanying the heart's sounds, and the impulse was stronger than the other symptoms would have led me to expect. The mind also was unclouded, and there was no sign of structural change in any organ. I therefore gave a somewhat hopeful, although guarded prognosis, in spite of her case having been given up as hopeless by her ordinary medical attendant, which indeed was the reason of my having been sent for.

I prescribed *Tincture of Arsenicum* (1), a drop every hour; a mustard poultice to the pit of the stomach; the best brandy *ad libitum*; and as much essence of beef as the stomach could retain. She begged that she might still have her bed-room window open night and day, which I permitted, only requiring that she should be kept well covered by the bed clothes.

7th.—Somewhat less prostration; fits of syncope less frequent; nausea and vomiting very troublesome.

Continued *Arsenicum*.

Has taken about a pint of brandy a day; can keep little else on the stomach.

15th.—Improvement checked by menorrhagia having supervened; still syncope; also nausea and vomiting; complains of much palpitation of the heart.

Continued *Arsenicum*. *Tr. Ipecac.* (1), gt. i, p. r. n.

18th.—Reported to be very little better.

Calabar bean (whose symptoms appeared closely to resemble hers) *ter die.*, *Ipecac.* p. r. n.

22nd.—Much the same; *Ferri Sulph.* (1x), gt. v, 4tis horis. Discontinued the bean.

29th.—The stomach rejecting the sulphate, I ordered a grain to be given in injection; this, however, acted as an overdose, producing the pathogenetic symptoms of the medicine—pain in the abdomen; increased nausea and sinking, and felt lower for twenty-four hours afterwards. I discontinued this medicine entirely for a day or two, and then resumed it in doses of half a grain, three times a day.

October 4th.—Not so low, but still fainting turns occasionally; less nausea and vomiting, and begins to eat, and sleeps much better than she has been accustomed to do.

She continued to take the *Sulphate of Iron* in this dose, steadily

improving under its use, and at the latter end of October was able to be removed to Tunbridge Wells.

In January the *Protophosphate* in half-grain doses was substituted for the *Sulphate of Iron*—this was continued for three months longer, and I heard a few weeks ago that she was in perfect health, and able to attend to her domestic avocations. Also that her former medical adviser attributed her recovery to chance, or nature, or nursing, but certainly not to homœopathy.

Suppression of the Normal Perspiration of the Feet.

By Dr. GALLAVARDIN.*

OBSERVATION I.—M. X— had since the summer of 1865 excessively copious perspiration of the feet, which bleached and softened the skin of the soles. This was so troublesome to him that he suppressed it abruptly towards the end of August, with lotions of soap and rum.

Some time afterwards, in consequence of a chill, he had in the region behind the anus an abscess which caused two blind catarrhal fistulæ. One was close to the rectum; the other passed up into the fleshy masses at the side of the vertebral column. The first was two centimètres in length, the second three. They could be searched with a wooden probe about half a centimètre in diameter. The two produced a copious suppuration, requiring to be dressed twice a day.

To complete the picture of this morbid condition, let us add that M. X—, otherwise enjoying good health, had not blown his nose for nearly six months, and was habitually so costive as to require injections.

February 6th, 1866.—I prescribed *Silicea* 30, to be taken three times a day for a week; then, encouraged by the result, I repeated the remedy till March 28th, inclusive. From the first week the perspiration of the feet was restored, increasing progressively for a month; the constipation disappeared, so as to allow two or three stools per day; the suppuration of the two fistulæ diminished so as not to require dressing, or change of linen even once a day regularly. The fistulous openings even appeared to be contracting, and at the internal extremity to be covered with fleshy

* From the *Art Médical*.

granules; for the probe, which had been ordinarily used in the daily dressing, caused the discharge of a little blood, which had not previously taken place. Since the first week, also, the abnormal state of the fossæ nasales had disappeared, and the patient blew his nose as during the previous summer. I saw him again towards the end of May, 1866, in perfect health, and thinking no more of his fistulæ than if they had never existed. The suppuration had dried up, so as no longer to require dressing, or even to wet his linen, as he told me. On the 9th June he was in an equally satisfactory condition, and seemed very happy to have escaped an operation which was to have been performed to cure the fistulæ. It is probable that now, suppurating little or not at all, they will shrink and gradually close.

OBSERVATION II.—A fair girl, æt. 18, rather lymphatic, menstruating regularly, had nothing to relate in the way of anamnesis but a kind of epileptic fit (?) with loss of consciousness. This fit had occurred on Christmas Day, 1863, after a night passed at the church.

April 15th, 1866, she came and told me that about the end of September, 1865, she had a chill after dancing a great deal, and observed that the ordinary perspiration of the feet had ceased.

From that time the following symptoms were noticed: anorexia; constant cold of the legs and feet; menstruation, lasting only two days, and even less, whereas previously it had been copious for five days; and she had three fits of epileptiform hysteria, with loss of consciousness, during the months of March and April.

Prescribed *Silicea* 30, three times a day, for fifteen days. Saw her again April 29th. The warmth of her feet had been restored in the middle of the first week, and that of her legs in the middle of the second. The feet were also warmer the second week than the first.

Perhaps these changes indicated the return of the insensible perspiration which generally accompanies cutaneous warmth. The appetite returned; menstruation appeared, though scanty; there occurred a fit of hysterics, with loss of consciousness. *Silicea* 30 continued, to be taken as before, forty-five times in fifteen days.

May 11th.—She came to me, improving progressively. On the 5th, the perspiration had returned to the feet and gradually increased, so as to be now as abundant as before the illness.

Warmth of the legs increased. Since the return of the perspiration to the feet, the headache, which she used to have *incessantly* in the forehead and crown, only recurred by *fits*.

April 30th.—An epileptic fit has occurred, but this time without loss of consciousness.

May 20th.—She informs me that the general amendment keeps up. The fits of headache are less frequent and shorter. Menstruation has returned to its habitual course.

The patient has taken *Sil.* 30, three times a day, *for two months in succession*. Such a continual repetition of the same medicine is sometimes advantageous with torpid temperaments; it then leads to a more perfect, and especially to a more rapid cure. Nevertheless, one should not, I think, administer medicines in this persevering fashion without circumspection, for fear of aggravating existing symptoms, or calling forth pathogenetic ones, which are sometimes very painful and not less tedious.

In the *Klinische Erfahrungen* of Rueckert (i, 328), we find the following observation :

OBSERVATION III.—An habitual perspiration of the feet having been suppressed in the case of a lady, she suffered so much in her sight that she could not read large print; otherwise her health was very good.

She took *Sil.* twice a day; and the perspiration having returned four weeks afterwards, she saw much better.

Two months after this, at the commencement of the menstrual period, she experienced an aggravation of the ocular malady. She then took *Sil.* three times a day, and in a fortnight was able to read again, and much better than before.

The author of this observation forgot, amongst other things, to say how long the perspiration had been suppressed. For all that, I thought it right to cite this very important observation, in order to put in a strong light the indication of *Silicea* in ocular affections consequent upon suppression of perspiration of the feet.

Valerianate of Zinc in Neuralgia, &c. By Prof. E. M. HALE.

The first mention of this medicine in the literature of the homœopathic school was by Dr. Banks, who, in an article in the *North American Journal*, vol. v, p. 439, recommended it highly, and gave several cases in which prompt cures were made with it.

We do not remember seeing any other reports from homœopathic physicians relative to its use in any of the *neuroses*.

Allopathic physicians have been quite successful with it in many diseases, namely, chorea, neuralgia, hemicrania, and even epilepsy.

When we examine the constitution of the drug, it is a cause of surprise that homœopaths have not used it more. One reason may be found in the dislike to the use of combined drugs; but this is a chemical combination—like the *Hepar Sulph. Calc.* of Hahnemann—and although we have no proving of the drug, we have good provings of the *Zinc* and *Valerian*. Hahnemann gave us the pathogenesis of the former, and Stapf of the latter.

In prescribing this double drug, we will find it promptly curative when we can find a group of symptoms which cannot be covered by either drug singly, but is by the united pathogeneses of both. Affiliating the medicine in this manner, I have used it for several years, and have made some cures with it of diseases which had resisted many other remedies—cures which surprised and delighted me.

In 1850, I cured a case of neuralgia of the eyes, of several months' standing, which had tormented the patient almost to the verge of insanity. She had lived on opiates for months before I saw her; and I vainly tried *Spigelia*, *Belladonna*, and many other remedies, without the least effect. Four doses of *Zinc. val.*, $\frac{1}{10}$ th, cured the neuralgia in twelve hours.

In 1851, a severe case of hemicrania came under my care, in which the *Zinc* alone did no good. The attacks were periodical, and made the lady nearly frantic. After trying *Bell.*, *Puls.*, *Ars.*, &c., *Quinine* was given, but with no curative effect. The *Zinc. val.*, $\frac{1}{10}$ th, 1 grain every three hours, cured her in two days.

My case-book contains the record of over twenty cases of neuralgia cured promptly with this remedy.

Nearly a year ago, Dr. O. H. Mann, of Ottawa, referred to me

a patient, a middle-aged lady, who had been a great sufferer from a group of symptoms which resembled spinal irritation ; but the most prominent of all was a *constant, severe, agonising headache, with profound melancholy*, which had lasted for months, and resisted all the apparently well-chosen remedies which had been described. I recommended a trial of *Cimicifuga*, *Atropine*, and *Zinc. val.* The first two were thoroughly tried, but did no good ; but the last-named medicine dissipated the *headache and melancholy* in a few days !

The most remarkable cure which I have known to be made with the *Zinc. val.* occurred in my practice a few weeks ago.

I was called to see a woman about fifty-six years of age, past the climacteric period several years. She was a thin, tall, nervous woman, accustomed to hard labour, but a sufferer from asthma for twenty years.

Three weeks before I was called she began to suffer from a dull vertiginous headache during the day, not, however, of sufficient severity to keep her from her usual avocations. In the evening she would go to bed feeling quite well, and sleep soundly and calmly for two, four, or six hours, when she would waken with a most intense, agonising headache, which usually deprived her of sleep the rest of the night.

The pain was described as a bursting sensation, as if the head would fly in pieces, with such a pressure in the eyes as if they would fall out ; she imagined she *saw them falling out*. The pain was sometimes sharp, shooting, and mostly on the top of the head ; at times a sensation as of fire in the head making it so intensely hot that she imagined a *steam* arose from it.

During the attack there was great exaltation of the senses : she became very sensitive to sound, light and heat ; her mind became confused, and she "felt wild" with almost uncontrollable anxiety, but no particular "fear of death."

I tried first *Lachesis* 9th and ²⁰⁰, relying mainly on the indication of "aggravation of the symptoms after sleeping," but no effects were perceived from either attenuation.

Cimicifuga seemed indicated by the bursting pains, especially in the eyes.

Sepia and *Sulphur* both partly covered the group of symptoms. *Nux* was also tried, and finally *Atropine* 2nd, but all with no effect. A week was lost, and she was worse than when she first came under treatment.

Zincum val., 2nd dec. trit.; 2 grains every 3 hours, beginning at 2 p.m. She had no attack that night, and at this writing, four weeks since, she is quite well and free from headache.

In the pathogenesis of *Zincum met.*, we find a portion of the symptoms observed in the above case, namely—

“Violent pain in the head, eyes, and abdomen, in the evening after going to bed.”

“Painful tumult like the dashing of waves, and feeling of heat, at a spot on the right side of the occiput, extending to the vertex, in the evening.”

“Feeling of heat in the head, with redness of the face.”

“Lancinations in the eyes and head.”

The symptoms of the *mind*, *sensorium*, and *sleep* are many of them similar to those above mentioned. In the *clinical observations* we find it has cured—

“*Excessively violent and obstinate pain in the brain*, with paroxysms, and something assuming the form of marked and intermittent fever.”

But these were some symptoms which are not covered by the *Zinc*, and the *Valerian* comes in to fill up the group.

“*Headache, the aching being especially over the orbits*, at 1 o'clock in the evening.”

“Sticking, darting headache, as if it would pierce the eyes from within outward.”

“Headache, as if the eyeballs would be pressed out.”

The mental symptoms of *Valerian* are similar to those of the last case in many respects, especially the hyperæsthesia and illusions of the senses.

One other case occurs to me, of a lady from New York city, who was the victim of an obstinate pain in the head, occurring periodically at about 10 o'clock a.m.; as often as once or twice a week for *nearly twenty years!* In all this time she had been under the treatment of some of the best allopathic and homœopathic physicians in New York, St. Louis, and other cities, but got no permanent relief, only a mere temporary palliation from narcotics.

The attacks were accompanied with an intense hyperæsthesia of all the senses; she must lie in a dark, quiet room until the pain subsided. The least noise or light would sometimes make her feel “beside herself.” The pain was described as agonising, and assuming every form and novelty of which discordant nerves are capable. Her age was 29; tall, thin, and pale in appearance; nearly all the

time despondent and gloomy. Sometimes the attacks would occur daily for a week or more; then leave for a few days. Her menses delayed three or four days each month. I at once, without trying other medicines, fixed upon *Zincum val.*, and prescribed the 2nd dec. trit., two grains three or four times a day.

After taking it a few days with apparent benefit, she left the city, and I did not hear from her for six months, when she informed her sister that she had not been as free from headache for many years as she had been since she commenced the use of the *Zinc.* ;

A few days ago—nearly a year since I prescribed the medicine—she writes that she still takes it, and is getting better every day. The attacks come on at longer intervals, and are less severe at each recovery.—*Medical Investigator*, Oct., 1866.

MISCELLANEOUS.

Medical Reform in China.

A pamphlet, published by Mr. John Dudgeon, Medical Officer of the Pekin Hospital in connection with the London Missionary Society, gives us the translation of a memorial to the Celestial Emperor, on the subject of Medical Reform, which appeared in the *Pekin Gazette* of the 14th January, 1866. It runs as follows:—

“Hu-Ching-yuen, Superintending Censor for the province of Shansi, kneeling presents a memorial proposing certain reforms in the Government Medical Service, which may conduce to the advancement of medical science. He prays that their Majesties’ glance may be bestowed thereon.

“Medical science, on the one hand, shows us our contact with celestial influences, and, on the other, it reveals to us the secrets of the earth. It is widely reaching and minutely penetrating. To trace its laws and demonstrate their harmonies is a work worthy of the divine sages, but beyond the powers of commonplace men.

“The reigning dynasty founded the College of Medicine for the government of all matters connected with the healing art. The Emperor Chien-lung ordered the publication of the ‘golden Mirror of Medicine’ (a cyclopædia). His Majesty issued comprehensive and clear regulations (relating to the government medical service) which are duly recorded amongst the laws of the country.

“Excellent as are the regulations which have thus come down to us, their practical effect in the diminution of disease has hitherto been insignificant. The great difficulty of the science of medicine is the cause of this. The books called Ling chu and Su wên are now hardly understood. The Shang Han Tiau Ping Lun, and the Chin Kwey Yo Lio of Chang-ki of the Han period, contain a complete exposition of the theory and practice of medicine, abounding with principles and rules which will never be obsolete, and a knowledge of which would benefit all mankind. But their antiquity makes them difficult of comprehension, and the true

arrangement of their various parts has been lost. From the time of the Tsin dynasty [A.D. 265-420] nearly all system-framers have annotated them, overlaying them with their own glosses. Many of these are naturally contradictory, and have proved sources of error and confusion.

“Who, then, without many years of hard and discriminating study has a right to call himself a physician? Nevertheless, amongst the practitioners of the College of Medicine, although there may be some who know their profession, it is certain that very many are incompetent. Some there are who, having never read the writings of the ancients, and whose science consists in nothing more than an acquaintance with some stock prescriptions, in trying experiments with their medicines on sick people, and in attempting to cure mild diseases, superinduce on them malignant ones. They know not how to distinguish between appearance and reality, nor between the effects of heat and those of cold. They act on no principle and at random, and generally make bad worse. Should such men be called to do duty in the palace, very serious consequence (to the health of the imperial family) might ensue.

“Your Minister considers that the scarcity of medical talent is owing to the neglect of medical instruction and study. He would submit a request that periodical examinations should be instituted for the College of Medicine, resembling the higher examinations of the Imperial Academy; and to which all the officials of the College of Medicine should be subjected, that on the motion of the Board of Rites the Emperor should appoint examiners, and that the examiners should lay down subjects for two sets of essays: the first, to relate to the origin of diseases, as in heat and cold, dryness and dampness; and the second, to the remedies for eruptive diseases, and diseases of women and children, and to the methods of acupuncture and cautery. He would recommend that the examiners should decide on the merits of the candidates, not by their style of composition, but by the knowledge evinced by them of the doctrine of the pulse and the modes of curing diseases; that the successful candidates in the first class should be rewarded either by office, by promotion in grade, or by the bestowal on them of decorations; that candidates in the second class should be retained in their actual positions; those in the third class be degraded or mulcted of salary; and those in the fourth class dismissed and incapacitated for further employment.

Thus means would be afforded for distinguishing between skilful and incompetent practitioners.

“ For classing examiners, your minister would recommend that, according to the usage in other similar cases, an invitation should be issued to all high officials above the third grade acquainted with medicine and who should desire to be examined, to register their names for the purpose at the Imperial Library; that the Emperor’s Librarians should submit to his Majesty subjects for essays, from which he should choose one, and that, according to his Majesty’s judgment, the authors of the best essays should be appointed examiners. Thus the highest efficiency would be secured in that department.

“ He would further recommend that the practitioners employed under the College of Physicians should not all be nominees of the high officers of the college, but that, as was usual in the former extraordinary examinations in general science (now discontinued), all officials below the fifth grade, together with all Masters and Bachelors of Letters and Licentiates acquainted with medicine and desiring it, should be examined; and that the successful candidates should become honorary members of the College of Medicine. Thus a wide door would be opened for the introduction of merit to general notice.

“ By the arrangements proposed, real ability would obtain a certainty of recognition, and ignorance would be excluded from competition with it. Efficient medical skill would be acquired for the service of the palace, and the public would be saved from the effects of a mischievous medical practice. Such results would fulfil the wishes of their Majesties, the Empress Dowager and the Emperor, who love the people as their children, and desire to lead them together with themselves into a common path towards health, long life, and happiness.”

The memorialist humbly prays the Imperial judgment on his proposals.

A Decree has been received, saying—“ The Memorial will be taken into consideration.”

An Arsenic Eater. By Professor LA RUE, Laval.

During the winter of 1864-65, there appeared in the *Quebec Gazette* a series of articles under the heading of "Arsenic v. Consumption," in which the writer maintained that *Arsenic* was a powerful remedy against pulmonary consumption, and stated that he himself had used it as such, with good effect, for many years, and was still in the habit of doing so from time to time.

Wishing to elucidate more fully what appeared to me an important fact, I waited on the editor of the *Gazette*, and requested him to put me in communication with the writer. He promised to do so; and, a few days after, a person called on me, assuring me that he would readily give me all the information I required.

We proceeded to my laboratory in the Laval University; and on my asking him what quantities he usually took, he said he knew little about doctors' weights and measures, but that he sometimes took *larger* and sometimes *minor* doses. He then, with a small silver coin, scooped out from a bottle of pure *Arsenious Acid* what he termed a large dose, and which, on weighing, I found to contain somewhat over three grains; then a minor dose, weighing about a grain and a half. B— swallowed the last dose in my presence. I afterwards weighed another half-grain, which he mingled with the tobacco that he was smoking, filling the laboratory with a strong odour of garlic. He remained with me three hours, after which he departed in perfect health, and without having shown the least symptom of disorder.

I lost sight of B— for some time, when, on the 26th of April last, I met him casually, and asked him if he still used *Arsenic*. He answered by taking from a paper in his pocket several grains of *Arsenious Acid*, and swallowing it without hesitation. I requested him to call upon me the next day at two in the afternoon; he did so, and we proceeded to my laboratory. I shall now take the liberty of transcribing, almost *verbatim*, the notes which I took during the course of the experiments.

April 27th.—At twenty minutes to 3 p.m., B— requested me to weigh him what I considered a reasonable dose. I accordingly, by aid of a small balance, the precision of which I had previously ascertained, weighed *two grains* of *Arsenious Acid*, chemically

pure, and taken from my own laboratory. I presented him the dose. "Is that all?" said he: "you may treble the dose." Fearing to add too large a dose, I added but two more grains. B— then took the *four grains*, placed them on his tongue, and swallowed them. He immediately afterwards lighted his pipe and conversed freely. I watched him constantly, to assure myself that he did not reject the poison.

3 p.m.—I asked B— if he felt any unusual symptoms. He answered that the dose had produced on him no more effect than if he had taken a glass of cold water. At his own request, I weighed another grain, which he mingled with the tobacco in his pipe, and smoked it.

3.30.—B— has not ceased conversing since he took the dose. He spoke chiefly on the wonderful properties of *Arsenic* related what he had heard said of the Chinese on this point, and explained his theories on the mode of action of this medicine. He alternately sits and walks, and smokes unceasingly.

3.45.—He again assures me that he does not feel the least unusual symptom; he expresses a wish to take a glass of wine. Accordingly I asked him to accompany me to an hotel; and at four o'clock B— took a glass of port wine and lighted a cigar.

At 20 minutes to 5, exactly two hours after he had taken the *Arsenic*, I told B— that he was at liberty to go away, on condition that he should call on me in a few hours, and consent to repeat the experiment another day. "Better do it at once:" said he, "at any rate, I shall be at your house at half-past six, when I will take a second dose, and stay with you until midnight, if you wish it." I accepted his offer, and we parted.

At half-past 6, B— came to my house, as well as ever. During the interval he had gone to the Lower Town, to several places, and had not yet taken supper. "Hence," said he, "as I have come to remain with you till midnight, you must give me supper." I told him that, after some reflection, I did not like to assume the responsibility of administering him any more of the poison that day—that we would resume the experiment another day. B— remained with me till half-past 7, and left in perfect health.

28th.—At half-past 10 a.m., I saw B— at his work. He was in high spirits, and assured me that he had not experienced the slightest inconvenience from the dose of the previous day. I again saw him at 1 p.m. He was just dining very heartily; and

to my inquiries whether he had had any evacuation from his bowels, he replied that he had not since 10 o'clock the preceding morning, viz., four hours and forty minutes before he took the four grains of *Arsenic*.

On the 27th (the day of the experiment), B— had breakfasted at half-past 9 a.m., on toast and chocolate, and at noon had taken a plate of pea-soup.

History of B.—Æt. 47; temperament lymphatic; good constitution; hair and whiskers reddish, both abundant, the latter sprinkled with grey. An Englishman by birth, B— has been in Canada since 1837.

B— has had three severe illnesses during his life: typhus (?) in 1839, an attack of cholera in 1849, and, later, *pulmonary consumption* (?). Besides these, he has always been subject to what he calls bilious headaches. He lives regularly, but was formerly addicted to an inordinate use of strong liquors. His appetite is good; nevertheless, he has never been a great eater. His complexion (notwithstanding the popular opinion as to the effect of *Arsenic*) is not clearer than ordinary. He has frequently made use of emetics and purgatives, which have produced on him the same effect as on others: he even asserts that he is very susceptible to the action of the latter. He takes a great deal of exercise, and smokes inordinately.

Phthisis pulmonalis is hereditary in his family. His father died of it at the age of 39. Four of his paternal uncles and several of his cousins have died of the same disease. His mother, however, died at a very advanced age, and there have been no symptoms of phthisis in her family.

In the year 1853 or 1854, B— thought he was attacked with consumption. He coughed painfully, was hoarse, became emaciated, and had profuse night-sweats. He one day read an article, in an old periodical, in which *Arsenic* was suggested as an excellent remedy for consumption, and determined to make a trial of it. He accordingly bought two ounces of *white Arsenic*, and immediately began to use it, without having the least idea of the quantity to be taken. The doses which he then used were as large as those he now takes.

When he first began to take *Arsenic*, he used it six or eight weeks consecutively without any interval. Sometimes he took it five or six times each day; at other times, three times a day; and

sometimes only once or twice. He consumed the two ounces which he had bought in those six or eight weeks. He always took the first dose in the morning, about two hours before breakfast. At first the morning doses had the effect of clearing his throat of a certain quantity of mucus, after expectorating which he usually felt weakness, accompanied by cold perspiration; sensations, according to him, similar to those felt by a person who has just vomited. But the *Arsenic*, he says, never made him vomit, nor even created nausea. While in this state he generally dozed for a few minutes, and then smoked a pipe, mingling another dose of *Arsenic* with the tobacco. In less than five minutes all these symptoms disappeared. B— does not now experience the same feeling after the use of *Arsenic*. He is firmly convinced that he should have died of consumption long since, had he not taken to the use of *Arsenic*. He says that *Arsenic* never caused any relaxation of his bowels.

B— is married, and has a family of six children, all healthy; the eldest is 29 years old, the youngest 11.

B— is intelligent, and has received a good education. "I have read," said he to me, "all that the doctors say about *Arsenic*, and feel convinced that they know nothing at all about the matter." He would not, on any consideration, take *Arsenic* in a state of solution. His reading has made him familiar with the constitutional symptoms produced by *Arsenic*, which he declares never to have experienced in the slightest degree, even after six weeks' constant use of the doses.

He withholds his name in connection with these experiments, lest, as he says, he might be looked on as a walking curiosity, and has consented to them simply from a desire to render some service to science.

He places greater confidence in the *Arsenic* he smokes than in that which he eats; and whenever he has a cold, he takes or smokes *Arsenic*, which he always carries with him as a cure. He refrains from drinking water for some time after eating *Arsenic*, but takes willingly a glass of wine or beer.

His general health is good; never suffers from pains in the stomach or bowels, which are regular in their action.—*New England Med. Gazette*, Nov., 1866.

OBITUARY.

Dr. J. Rutherford Russell.

As these pages were passing through the press, the melancholy tidings reached us that Dr. Russell had died on the 22nd of December. His health received a severe shock last summer, in consequence of overwork and mental anxiety in reference to pecuniary losses incurred during the late crisis. He left London in July to seek health in his native air, and he had apparently profited so much by the change that his friends confidently expected him to return to town and recommence practice early in 1867; but this was not to be, and in the flower of his age he is suddenly cut off from his attached friends and patients. We, who were so long connected with him in the editing of this Journal, feel how irreparable will be his loss. Though he had for some years ceased to be our co-editor, our friendship never suffered the slightest diminution, and he continued to the last to contribute his valuable assistance to our pages. Dr. Russell was one of the most prolific writers among the homœopathists, and all his writings are distinguished by elegance of style, depth of thought, logical precision, and practical utility. A rich vein of humour appears in many of his charming essays, giving a lively character to many subjects that would in other hands have been dull and commonplace. Among his chief writings we may mention—the *Introduction to the Study of Homœopathy*, in conjunction with Dr. Drysdale; *Homœopathy in 1851*; his large work on *Cholera*; the collected volume of his contributions to this Journal; the *History and Heroes of Medicine*; and, lastly, his *Clinical Lectures on Rheumatism, Epilepsy, Asthma, and Fever*. He continued to the last to edit with great spirit and ability the *Annals of the London Homœopathic Hospital*, to which he contributed many valuable essays. He was untiring in his efforts in connection with the institution just named, and did his utmost to make it a school for the

instruction of the rising generation of homœopathic practitioners. As a physician, Dr. Russell was much esteemed by a numerous circle of patients. As a consulting physician, it was a real pleasure to meet him at the bedside of a difficult case, his profound knowledge of disease and intimate acquaintance with the *materia medica* rendering his aid and advice invaluable. As a man, he was a genial companion, full of playful humour, of a most affectionate disposition, and scrupulously honorable and upright in all his transactions. He will be much missed and deeply regretted by all who had the pleasure to know him. His loss to homœopathy is irreparable.

BOOKS RECEIVED.

Cholera, Diarrhœa, &c., by W. V. DRURY, M.D. London : Headland, 1866.

Home Papers. Vol. I, No. 3. Chicago, September, 1866.

Anleitung zur sicheren und schnellen Heilung der Cholera, von Dr. BOLLE. Aachen, 1866.

New Remedies, by EDWIN M. HALE, M.D. Parts III and IV. Detroit, 1866.

Homœopathy and the Metropolitan Board of Health—The Treatment of Cholera. New York, 1866.

The Indian Daily News. Several Nos.

Le Courrier d'Arcachon. Several Nos.

Homœopathic Statistics of Cholera : Cases treated by Camphor alone in 1854-55, by Dr. ROCCO RUBINI. Translated by ROBERT BAIKIE, M.D. Edinburgh, 1866.

Report of the Northampton Homœopathic Dispensary.

Mineral Waters of Vals, by Dr. TOURETTE.

The Hahnemannian Monthly.

The New England Medical Gazette.

The Monthly Homœopathic Review.

The North American Journal of Homœopathy.

The American Homœopathic Observer.

The Western Homœopathic Observer.

The Chicago Medical Investigator.

L'Art Médical.

Bulletin de la Société Homœopathique de France.

El Criterio Medico.

Neue Zeitschrift für Hom. Klinik.

THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

PRACTICAL OBSERVATIONS ON ENLARGEMENTS
OF THE THYROID GLAND.

By JOSEPH KIDD, M.D.

THE subject of enlargements of the thyroid gland affords a most interesting study of diagnosis as well as of treatment—for simple at first sight as seems the appearance of goitre, it corresponds to a most complex class of cases, and includes many different diseases, which require totally different treatment.

The most natural division of enlargements of the thyroid gland is into—

1. Simple glandular enlargements.
2. Cystic growths.
3. Vascular enlargements.

The first is the most frequent, and may be called ordinary goitre.

It is a simple thickening or hypertrophy of the tissue of the thyroid gland, the minute cells of which become increased in size. In the natural state these cells contain but little fluid. In goitre, an increase of this contained fluid

occurs; if equally so in all the cells it constitutes simple goitre. Occasionally a few of the cells become distended into cysts, and cause much more suffering than when all the cells are equally enlarged as in ordinary goitre. In many cases the fluid becomes absorbed, and the tumour becomes hard and rigid, so as to appear gristly, semi-cartilaginous, or stony. In its anatomical structures the thyroid gland has an analogy with the ovary. In both are a number of closed vesicles containing fluid. In both the cells often develope into cysts.

The causation of goitre is intimately connected with the undue absorption of calcareous salts into the system. It is not hard marble, or pure carbonate of lime, which most frequently exists in districts affected with goitre, but soft magnesian limestones, more easy of solution. That the most active cause of goitre is the use of hard spring water (*i. e.*, of water impregnated with a large quantity of salts of lime and of magnesia), there is abundant proof. Dr. Aitken, at page 792, vol. .i, of his *Science and Practice of Medicine* (3rd edition), relates that "in a section of the province of Kemaon, in India, south of the Himalayan Mountains, Dr. M'Clelland found that—1stly, 71 villages in the district were built upon clay-slate; these contained 3957 inhabitants, and among them were 22 persons with goitre, or 1 in 180 of the population,—there was not a single cretin.

2ndly, Thirty-five of the villages, having a population of 1160, were built upon alpine limestone, and in them 390 persons, or more than one third of the inhabitants, had goitre, while 34 of them were cretins, or about 1 person in every 35.

3rdly, Five villages were built upon hornblende and mica slate, or on siliceous sandstones, or on green sandstone. They contained 290 inhabitants, not one of whom was a cretin, or was affected with goitre.

In some districts of Oude, the tendency to goitre is so inveterate, that it even affects the lower animals, especially young dogs, kids, lambs, &c. It would seem that this absorption of calcareous matter specially affects the coats of the blood-vessels of the thyroid, and thus by contracting their

calibre, interferes with the proper circulation of blood in its minute vessels. This obstruction leads to exudation of fluid into the glandular cells, the walls of which gradually enlarge. The fact is very significant that the vascular network of the thyroid gland is the first capillary network which the current of blood coming up from the heart meets with, and the first also to become diseased from blood poisoned by an excess of earthy salts. This would seem to throw light on the physiological use of the thyroid in health, as if it acted as a filter to intercept a *portion* of the current of blood, so as to prevent an undue amount of earthy salts reaching the vessels of the brain. This would also explain the intimate connection between goitre and cretinism.

The cause of cretinism according to the careful researches of Virchow is due to partial obstruction of the foramina at the base of the cranium from undue absorption of earthy salts. The insufficient flow of blood leads to atrophy of the brain and to exudation of fluid into the cells, hence the pulpy, œdematous condition of brain which is found after death in all or most cretins. Whilst the earthy obstruction of the foramina at the base of the brain is the most direct and active cause of cretinism, we must not lose sight of the fact that this terrible disease is found to prevail mostly in low, marshy, dark valleys, amongst poor, ill-fed people—wherever in fact the causes of lowered vitality prevail, in addition to undue predominance of calcareous matter in the drinking water.

The cretin's organization being in every particular of the lowest type, he easily falls a victim to every disease of enfeebled vitality, and thus acquires goitre in addition to all the other defects of brain, spine, heart, lung, and muscular tissue which constitute cretinism.

Can it be that in the cretin the previous existence of goitre, arresting the proper function of the thyroid gland, has allowed an undue quantity of calcareous matter to pass along to the coats of the blood-vessels entering through the foramina at the base of the brain? To this physiological use of the thyroid gland it might be objected that it has no emunctory duct, and therefore in ordinary health could not

separate earthy salts from the current of blood passing through its vessels, but for ordinary action the duct may not be necessary, as the activity of arterial circulation in the loose cellular tissue of the thyroid may suffice through ordinary absorption for the removal of earthy salts during the passage of blood through the thyroid.

Next to the drinking of hard water, the most active cause of goitre is puberty and the *approach* of menstruation. From my own observations it is just *before* menstruation that the enlargement of the thyroid most frequently comes on. In adult women also it is found that obstructed menstruation frequently causes enlargement of the thyroid gland, especially in the hysterical temperament.

In the treatment of simple goitre nothing can be more satisfactory than the cure by *Iodine* judiciously administered. In the pathogenetic effects of *Iodine* the most marked symptom is painful enlargement of the thyroid gland.

Jahr describes the following symptoms as being produced by *Iodine*: Moveable painless lymphatic swelling of the size of a walnut, under the skin, between the os hyoides and the thyroid cartilage, for many days, in a woman who had never been affected with glandular swellings. *Constriction of the neck. Enlargement and painful induration of the goitre. Pains and pulsations in the goitre.*

In the treatment it is essential to advise the use of soft water. Rain water is the best of all, and when filtered is most agreeable. If rain water cannot be obtained, the ordinary water should be boiled, allowed to cool, and then filtered for drinking.

Of simple goitre three cases are appended:—

The first cured by minute doses of *Iodine* when larger doses aggravated.

The second cured by full doses of *Iodine* when small doses failed.

The third cured by medium doses without any ill effect on general health.

CASE 1.—*Simple goitre cured by Iodine, first decimal, when Iodine, Mother Tincture, aggravated.*—H. B—, æt. 21,

a poor, ill-fed tailor, living in Spitalfields, of a scrofulous, lymphatic temperament, consulted me in 1851 for an enormous swelling of the neck, which had existed for many months. I found the entire substance of the thyroid gland equally enlarged, soft, and without any fluctuation. It caused the poor fellow much distress on movement, but no actual dyspnœa.

Two drops of the strong or *Mother Tincture of Iodine* was prescribed three times a day. In a week he returned and said he was much worse, that soon after taking the medicine the neck became painful and felt more swollen. The dose was now reduced to one drop of the *Mother Tincture* three times a day. In another week he returned and said that it was still "getting worse." The dose was now reduced to one drop of the *first decimal dilution* night and morning. The next report was that all pain and discomfort had ceased and that the neck was better.

The same dose was continued week by week for two months, and its effects carefully watched. The result was a perfect cure without a sign of any disturbance or perturbation. The progress of the cure was perfectly visible, week by week, under this dose of $\frac{1}{200}$ th part of a grain of *Iodine* twice a day.

How important it is not to be impatient in the treatment of disease, so as to avoid changing the remedy unnecessarily, and yet to give the true remedy fair play by carefully selecting the true dose, *for in every case there is a true dose*, it may be a small one or a large.

The true place of a physician is not that of an advocate of a particular dose, but as the minister or servant of truth—to prescribe *the right dose* as well as *the right remedy*.

How we should yearn for true wisdom and true science, that knows nothing of partisanship or of exaggeration!

CASE 2.—*Simple and hard goitre cured by Mother Tincture of Iodine when the first decimal failed to cure.*—Miss M—, æt. 16, of a dark complexion, bilious lymphatic temperament, suffered for a year, since the first appearance of menstruation, from a hard enlargement of both lobes of the

thyroid; this became more painful and somewhat fuller at every return of the monthly period, which was rather irregular and painful.

I prescribed three drops of the first decimal dilution of *Iodine* three times a day. This was taken for a month without any effect whatever; the dose was doubled for another month, yet without any effect, whereupon the *Mother Tincture* was prescribed, two drops three times a day. The case seemed very discouraging, as again, after a few weeks' use of this dose, no effect was produced upon the hard painful goitre. The first decimal dilution of *Kali Hydriodic.* was now prescribed, five drops three times a day, still without any result.

Somewhat discouraged at the obstinacy of the case, I now prescribed *Iodine, Mother Tincture*, five drops three times a day. This produced an immediate and decided effect, and cured the disease in about six weeks without any disturbance of the general health.

This case teaches a lesson the opposite of the last, and yet just as true, that when a medicine is well selected, we should not throw it aside if no effect follows its use in small doses. The hardness of the swelling was most marked in this case, and was probably the obstacle to the action of the small dose—which obstacle was broken down by the larger dose, and then a perfect cure resulted. When we seek to get at truth we must interrogate nature with skill, so as to see all the processes at work and *remove obstacles* as well as apply direct curative remedies.

CASE 3.—*Cure of goitre in a young girl of weakly constitution.*—Miss P—, æt. 12, of a pallid lymphatic temperament, sensitive, delicate in constitution, was brought to me in August, 1862. Her mother had noticed for nearly a year a gradual enlargement of the neck, especially of the right side. For some time her parents avoided any medical treatment of it, as one of her aunts whom she resembled much in constitution and appearance had been affected in the same way, about the same age, and was then cured by large doses

of *Iodine*, which injured her constitution so severely that she remained all through life weak and delicate.

In the family it was a sort of tradition that the *Iodine* had been the cause of all her ill-health, hence their dread of treatment.

As the swelling was gradually increasing, at length her parents took her to the most distinguished surgeon of a metropolitan hospital, who, in his consulting room, painted the neck freely with strong *Tincture of Iodine*, and advised the same to be regularly repeated. This the parents positively refused to allow and brought her to me—the neck now measured $14\frac{1}{2}$ inches across the isthmus of the thyroid. I found her general health feeble, the catamenia had not yet appeared. After hearing the cause of their anxiety as to the result of the *Iodine* treatment in her aunt's case, I explained to them that, in my experience, very minute doses of *Iodine* would cure, and not in any way injure the general health. I also explained that it would require steady and long-continued perseverance to cure by the small dose without the ill results of the larger doses. One drop of first decimal dilution of *Iodine* was prescribed twice a day for a month, then to omit all medicine for a few weeks. The use of a generous diet was enjoined, fresh meat twice a day, and a glass or two of claret at dinner.

She soon afterwards left London and went to school at Ipswich. I advised her parents to put her under Dr. Capper's care, giving her a note of introduction to him. From September 18th to January 18th, Dr. Capper treated her with *Spongia* 12, *Natrum Muriaticum* 12, *Iodine* 80, and *Iodine* 3—the result was little if any improvement in the swelling, although the catamenia had come on irregularly and scanty.

January 19th.—The parents again brought her to me with a discouraged, ill-satisfied report—as there seemed no sign of cure. I reminded them of the results of large doses in her aunt's case, and urged patience and perseverance. I now prescribed four drops of *Iodine*, first decimal, night and morning. She returned to school and continued the same

dose till February 9th, when Dr. Capper reported "not much change."

I wrote to him to increase the dose to six drops of the same dilution, three times a day. On the 25th, his report was "decided change for the better," the swelling was now reduced from $14\frac{1}{2}$ inches to $13\frac{1}{2}$ inches. Having found the right dose, we continued it without change for six months, but with frequent pauses for a few weeks without medicine. Occasionally a little loss of flesh occurred, then the pause was made the longer. After six months her parents were delighted to find the goitre cured, and her general health perfect. She has continued well ever since, so that the cure of goitre has ceased to be a bugbear in the tradition of the family. This case illustrates the need for skill in the use of a two-edged sword—no weapon more safe in cautious hands, but it requires one to realise how sharp it is, and how needful to be watchful of its effects.

Cystic disease of the thyroid is frequent, yet very much less so than simple glandular enlargement; the cyst seems to be simply an enlargement of one of the natural cells of the gland; here it becomes analogous to ovarian dropsy on a small scale. The cyst may be simple or multiple (like ovarian cysts). The contents of the cyst are generally dark and thin, occasionally viscous like white of egg. At times the cyst seems to press back the trachea and nearly to surround it, bending round it, as, meeting an obstacle in front from the tight unyielding cervical fascia, it finds space to grow in the loose cellular tissue round the trachea. The appearance of the cyst (as viewed externally) does not give a true estimate of its size, nor of the amount of discomfort caused by its pressure on the trachea. In some cases there is little or no suffering, in others there is great distress from a sense of painful pressure of the swelling, causing difficulty of breathing and sense of strangulation.

In cysts of the thyroid, the internal use of medicines seems all but powerless to cure, as the lining membrane of the cyst seems to have a vital activity of secretion that resists medicinal action. The experience of twenty years brings this fact very prominently before my mind, that a

true cyst of any size, in any region of the body, can rarely, if ever, be cured by medicinal action. Surgical processes, skilfully applied, frequently succeed where medicine fails. It is well to know the sphere of action of medicine and of surgery. The best treatment of those cysts in the thyroid is to empty them by letting out the fluid by means of a very fine trocar, and then immediately inject about two drachms of pure *Tincture of Iodine* mixed with as much warm water; thus, in fact, to substitute an irritating fluid for the natural fluid of the cyst, so as to set up a subacute or active irritation, instead of the passive or languid irritation of the serous membrane.

CASE 4.—*Cyst in the thyroid, cured by injection after the unavailing use of Iodine internally and externally for two years, and Spongia Usta for six months.*—Miss W—, æt. 20, nervous, lymphatic temperament, weakly in health, and emaciated. For two years and a half suffered from enlargement of the thyroid gland, which caused distressing difficulty of breathing, the least exertion in ascending, even one flight of stairs caused wheezing and whistling, with dyspnoea, like a bad paroxysm of asthma.

For two years she had taken *Iodine* in large doses, and used it externally, till every symptom of iodism had come on, yet without the slightest relief to the choking distress, and without the least diminution in size of the swelling; afterwards she took *Spongia Usta* in scruple doses for six months, three times a day, without the least benefit. She then came to consult me in August, 1855. On examining the neck, I found a sharply defined, tense, elastic, swelling, occupying the situation of both lobes of the thyroid gland, the least pressure on this swelling brought on the most distressing suffocation and difficulty of breathing. On careful palpation, I felt distinct fluctuation in the tumour. Believing it to be a cyst, I explained its nature to the patient and her mother, and why it was that it had not been, and could not be, cured by internal medicine.

I proposed to let out the fluid, and inject the cyst with *Iodine*. The mother explained my opinion to the patient's

guardian, one of the surgeons to the largest metropolitan hospital, under whose treatment she had used the *Iodine* for two years. He scoffed at the idea, said I was wrong in my opinion, for that he did not believe any cyst existed, and that the operation I proposed was a most deadly and dangerous one. The mother returned to me, and said that even notwithstanding her uncle's opinion, the patient wished the operation to be performed, but that she (the mother) could not give her consent to the injection, although she would to the tapping, and that if the latter failed, she would give her consent to a second tapping, and then to the injection. I consented, with a distinct protest that the tapping alone would prove a failure.

After careful preparation the trocar was passed into the tumour, and, to the unutterable joy of mother and daughter, a dark inky-looking fluid spouted out, filling a large teacup. There was instant relief to all the suffocation and wheezing. I then placed a compress of lint on each side of the thyroid, bound them down tightly with straps of adhesive plaster and a bandage, with the object of arresting the secretion of fluid by pressure, but alas, at the end of a week the tumour was as large as ever, the distressing suffocation also returned. The fluid was then again let out and, through the trocar, two drachms of pure *Tincture of Iodine* mixed with as much warm water injected. Slight pain and hardness of the tumour came on. She was confined to bed for four days, slight febrile action came on; her breath and perspiration smelt strongly of *Iodine* for twenty-four hours. At the end of a week every trace of the swelling had disappeared and all the distress of breathing ceased; she could walk and run up stairs, recovered health and spirits, and in a few months married and went to India. In all my experience, I never saw so much relief to such long-continued suffering so perfectly accomplished.

This case shows to us the need of cultivating the art of cure as well as the science. Science, ignorantly used, had dosed her for two years with *Iodine* till she was nearly poisoned, and all in vain till the art of healing comes to aid the science, and then with a little dexterity of hand, frees

the poor girl from three years' distress and suffering. The ten grains of *Iodine* injected into the sac cured what ten thousand grains taken into the stomach failed to cure ;* and not only failed to cure, but proved most mischievous to the general health.

The case also tells us that when our judgment is clear on a case, we must not be frightened by the *ipse dixit* of one in authority, but accept all true responsibility, and then redouble our care in the management and after treatment of the case.

Vascular enlargement of the thyroid gland is sometimes called exophthalmic goitre, from the distended appearance of the eyelids. It is much more dangerous than simple goitre, and much less frequent. It is intimately dependent upon disease of the heart (usually hypertrophy with dilatation), and upon disturbance of the sympathetic nerves distributed to the heart, and to the blood-vessels of the neck and head. Indeed, a partially paralysed condition of the sympathetic seems to precede the dilatation of the heart and blood-vessels.

Hypertrophy, with dilatation of the heart, is one of the most frequent diseases of the heart, yet exophthalmic goitre is one of the rarest accompaniments of that disease, and is only found in conjunction with disease of the sympathetic nerves distributed to the blood-vessels. The same dilated condition of the blood-vessels of the thyroid gland probably exists in the blood-vessels of the brain and eyes, hence the great danger that exists of apoplexy. Paralysis of the sympathetic, it is well known, causes dilatation of the involuntary organic muscular fibres of the arteries, and probably also of the heart. The soft cellular structure of the thyroid gland is the first fine vascular network of vessels which the current of blood coming up from the aorta meets with ; hence it is the first to take on diseased action.

CASE 5.—*Exophthalmic goitre cured by Belladonna, first decimal, after the failure of Iodine and of Iron.*—Miss

* In the two years I calculated she must have taken about 10,000 grains of *Iodine*, viz., fifteen grains a day for 700 days, equal to 10,500 grains.

E—, æt. 25 ; lymphatic nervous temperament, of a highly hysterical disposition. Some months after returning from Pau, where she spent the winter, noticed a soft swelling of the neck, soon afterwards her eyeballs were observed to look distended and projecting ; gradually she suffered from throbbing headache, vertigo, and sense of fulness and beating in the eyes and head. At first she consulted the family doctor, a homœopathist residing at Islington. Not getting relief from his treatment, she consulted Sir B. Brodie, who prescribed *Iodide of Potassium* in full doses. After some weeks' use of this, finding no relief, and much disturbance from the medicine, she went back to the family doctor, who gave her *Iodide of Potassium* in globules, but with no relief to the distressing symptoms. She then consulted Dr. Williams, who gave a gloomy prognosis, and prescribed *Iodide of Iron*. This made her much worse in every way, and increased the throbbing and headache. In despair she abandoned all treatment ; but continuing to suffer most severely, came to consult me in the winter of 1850. Recollecting Dr. Graves' admirable description of exophthalmic goitre, I at once recognised the case as not ordinary goitre, but vascular enlargement of the thyroid. With the stethoscope I heard a soft vesicular or blowing sound all over the swelling. The distended prominent eyeballs seemed ready to push out of their sockets. Every symptom seemed to me to correspond to *Belladonna*, which I prescribed in the first decimal dilution, five drops three times a day. The effect was immediate and most satisfactory. It at once relieved the throbbing of the eyes and the headache ; little by little the distended appearance of the eyes lessened, and the swelling of the neck became smaller. After five or six weeks' use of the *Belladonna* she was perfectly relieved from all distress ; the neck became reduced to its natural size, but the eyes ever since have remained rather prominent, although all other signs of the disease were permanently cured.

This case illustrates the admirable effects of *Belladonna* on the sympathetic system, and on the arterial system of the brain ; the distended eyeballs, the throbbing pulsation

of the vessels of the neck, the congestive headache, all pointed to a disturbed action of the heart and arteries.

The case also shows the need of accurate diagnosis of disease; as long as the swelling of the neck was treated as ordinary goitre by *Iodine* and *Iron* there was no relief, and the most immediate and striking benefit followed the action of *Belladonna* when the nature of the disease was recognised to be vascular.

It is also an excellent illustration of the power of curing disease which the principle of *similia similibus curantur* gives. Young and inexperienced as I then was, yet I saw that every symptom corresponded with *Belladonna*, and with confidence I said to her father, the *Belladonna* will, I feel satisfied, cure your daughter, which the result proved.

Thus, young and inexperienced as I was, *similia similibus curantur* put me in possession of a remedy that such experienced practitioners as Sir Benjamin Brodie and Dr. C. J. B. Williams knew nothing of. I afterwards found that Dr. Williams had diagnosed the disease to be vascular goitre. Still, ignorant of nature's law of cure, he was unable to relieve the lady.

ANTIMONIUM.

By HENRY R. MADDEN, M.D., and RICHARD HUGHES,
L.R.C.P. Ed. (Exam.).

Physical and Chemical Characters.

As metallic Antimony is not used in medicine, we shall not describe it in this place, but refer those desirous of information to works on chemistry. The preparations with which Medicine is concerned are—1. The Potassio-tartrate, *Tartar Emetic*. 2. The black Sulphide, or *Antimonium Crudum* (SbS_3). 3. The golden or precipitated Pentasulphide (SbS_5). Other salts of the metal have been used from time to time in medicine, but we incline to believe that the above named are sufficient for all purposes of pathogenetic knowledge and of therapeutic efficacy.

1. *Tartar Emetic* is prepared by the reaction of Bitartrate of Potassa with Teroxide of Antimony. Its composition is $\text{KO}, \text{SbO}_3, \text{C}_8\text{H}_4\text{O}_{10} + 3\text{HO}$. It is found in the shops either as a white powder, or in transparent colourless crystals, which are octohedral with a rhombic base. It is inodorous, but has a metallic styptic taste. It is soluble in 15 parts of cold and 3 of hot water; insoluble in alcohol.

2. The crude antimony, a black sulphide, is found native in various parts of the world, more particularly in Hungary, Germany, France, England, and the island of Borneo. It is prepared for medicinal use by melting the ore in iron pots whose bottoms are perforated with a number of holes, through which the liquid sulphide runs into vessels placed below. The substance may also be prepared *de novo* by melting metallic antimony with flowers of sulphur. It is supposed to be a tersulphide (SbS_3). It is found in the shops in conical masses or loaves, of a bluish-grey colour, staining the fingers or paper black, with a brilliant, metallic, crystalline fracture; it is inodorous and tasteless, is easily pulverised, and yields a black powder; it is insoluble in water.

3. The golden sulphide is prepared by the action of sulphuric acid upon a mixture of the black sulphide and potash. It is a light powder, of bright orange colour, tasteless and inodorous when pure. It is, as we have said, a pentasulphide. It is insoluble in water.

We know nothing positive concerning the physiological action of the sulphides of Antimony, except that in a mild way they resemble *Tartar Emetic*. We have, indeed, a proving of *Antimonium Crudum* in Hahnemann's *Chronic Diseases*, but we know so little of the conditions under which the symptoms were produced, that we are unable to make use of it for general indications. In describing, therefore, the physiological effects of Antimony, we must be understood to speak of *Tartar Emetic*. In the therapeutical section we shall mention the morbid conditions in which experience leads to a preference of the use of the sulphides.

Physiological action.—*Tartar Emetic* exercises a neurotic influence of a very peculiar and limited character, and is an extensive and powerful tissue-irritant, besides having hæmatic properties.

I. *Neurotic.*—*Tartar Emetic* appears to have no influence upon nervous tissue as such. Neither the motor, the sensory, nor the ideational centres show any evidence of its operation. But its action in controlling the muscular movements of circulation and respiration on the one hand, and of producing nausea and vomiting on the other, can only be conceived of as exercised through the nervous system, or rather, the limited portion of the nervous system which presides over all the functions and actions in question.

1. The best known action of *Tartar Emetic*—that to which it owes its name—is its power of producing nausea and vomiting.*

The nausea which it causes is very intense and long lasting. Dr. Wood thus describes the general condition, which in addition to the peculiar sensation referred to the epigastrium, is known as “nausea.” “The face,” he writes, “is pale, the skin cool, moist, and relaxed, the pulse feeble, frequent, and often irregular, the saliva flows copiously, and feelings are usually experienced of gastric uneasiness, languor, and unusual weakness, which are sometimes in the highest degree distressing, so much so as, if long continued, to render the patient utterly prostrate in mind and body, and indifferent to all things around him, even to life itself.”† To these symptoms should be added universal muscular relaxation. Vomiting comes on comparatively late, though sooner than from *Ipecacuanha*. When it once begins it is energetic, effectual, repeated, and

* Very minute doses of the drug are sufficient to cause these phenomena. We have known the 1-20 of a grain to act repeatedly as an emetic, and Dr. Ozanne states that grain doses of the first centesimal trituration (1-100) when administered to children suffering under simple bronchial catarrh, will cause vomiting at each administration. (See the *New Materia Medica*, by Drs. Marcy and Peters, appended to the *North American Journal of Homœopathy*, p. 435).

† Wood's *Treatise on Materia Medica*, vol. ii, p. 415.

prolonged. The vomited matters are often bilious, from extension of the action to the duodenum.

The emetic influence of tartarized antimony appears to be purely neurotic in its *modus operandi*. The numerous muscular movements whose harmonious play produces the complex act called vomiting, are under the control of the nervous centres at the base of the brain and in the medulla oblongata, and are especially effected through the medium of the pneumogastric nerves. That *Tartar Emetic* acts directly on these centres and through these nerves, is shown positively, by the fact that it causes vomiting when injected into the veins or rectum, or rubbed into the skin, as well as when introduced into the stomach, and in the latter mode of administration is emetic in doses too small to irritate the mucous membranes: negatively, by the experiment of dividing the vagi on both sides, when neither antimony nor any other emetic will act.* How the complex act of vomiting is brought about, and how the general condition called nausea is connected with it, are problems which physiology has not yet solved, and with which, therefore, pharmacology may not trouble itself.

2. Entirely independent of the above phenomena, though moving in the same sphere, and sometimes consentaneous with them, are the remarkable effects of *Tartar Emetic* upon the circulation and respiration. When this drug is administered in large doses there is either an entire absence of nausea, vomiting, and purging; or, after a short time during which these symptoms continue, the system appears to become tolerant of the drug and they subside. Then the pulse is found to have fallen one fifth or even one fourth of its normal number of beats, and the respiration to be lowered in even a greater ratio. M. Trousseau has known it fall from twenty and twenty-four times in a minute to six. "It is singular," writes Dr. Wood, "that under these circumstances of great circulatory and respiratory depression, the mind is wholly unaffected, the muscles retain their strength, and the organic functions, with the exception of the two referred to, appear not to suffer.

* See Wood, vol. ii, pp. 418, 419, 446-67.

Thus it is seen that this condition differs *toto cælo* from that induced by nausea." It should be added that the force, as well as the frequency of the heart's action is diminished by the drug, and that "sometimes, instead of being reduced regularly, the pulse becomes at first irregular and intermittent under its use," as is often noticed with *Digitalis*.*

In seeking to explain these phenomena, we must obviously look for some source of influence common to both the cardiac and respiratory movements, by means of which Antimony may consentaneously reduce the frequency of both. And this we have in the pneumogastric nerves. It is well known that a moderately strong galvanic current passed through these nerves towards the heart will retard and ultimately stop the movements of the latter organ. It is not so well known that a strong current passed centripetally along these same nerves will stop the movements of respiration, the stimulus being reflected upon the diaphragm and the muscles of expiration, causing general tonic spasm.† A less degree of the same excitation will simply retard the expiratory movements. We have only then to suppose that *Tartar Emetic* excites centripetally the pulmonary, and centrifugally the cardiac branches of the vagi, and we have its circulatory and respiratory depression explained. If it act upon the nuclei of these nerves, it cannot but affect the pulmonary branches, which are centripetal, centripetally, and the cardiac branches, which are centrifugal, centrifugally. And that it does act upon these nuclei we have already shown when speaking of its power of producing vomiting. The alteration in the rhythm of the heart also appears to be effected through the pneumogastric nerves, as seems to be the case with *Digitalis*.

II. *Tissue-irritant*.—The specific irritation of *Tartar Emetic* affects the mucous membranes generally, the skin, the lungs, and, perhaps, the liver.

1. *Mucous membranes*.—There are two forms of morbid

* Wood, vol. ii, p. 61.

† See Van der Kolk on the *Medulla Oblongata*, translated for New Sydenham Society, p. 185.

action set up by *Tartar Emetic* in the mucous membranes. The first form begins with simple increase of the natural secretion, but soon runs on to that peculiar form of irritation called catarrhal.* In the second form we have in the mucous membranes the same pustular eruption, on an erythematous base, which we shall find to be the specific effect of the drug upon the cutaneous tissue.

a. Alimentary.—The gastritis and enteritis caused by *Tartar Emetic* are probably, the latter certainly, of a catarrhal character.† In two cases of poisoning observed by Dr. Wood, the matters vomited and purged were white and liquid, without a trace of bile, resembling opaque rice-water. They differed in this respect from the stools of cholera, that they did not on standing separate into a clear liquid above, and a white flocculent precipitate.‡ The post-mortem appearances are limited to the stomach and small intestines.§ The glands of the latter, especially those of the ileum, have not uncommonly been found enlarged. The pustular eruption characteristic of antimony has been seen in the jejunum, stomach, and lower third of the œsophagus,|| but is most severe and constant about the mouth and throat. In the latter region it begins with a feeling of tension and other disagreeable sensations, and a metallic taste; patches of erythematous inflammation then appear, upon which form aphthæ, vesicles soon going on to pustules, and even false-membranes.¶

* For an excellent account of catarrh, see a paper by Dr. Handfield Jones in 'British Medical Journal,' September 24, 1859.

† Dr. Richardson describes the alimentary canal as lined throughout by a whitish yellow viscid secretion. *New Materia Medica*, p. 418.

‡ Wood, vol. ii, p. 64. The general symptoms were those of epidemic cholera. Cramps, it may be mentioned, are a very frequent accompaniment of the purging of *Tartar Emetic*.

§ Christison on *Poisons*, pp. 360, 365. *New Materia Medica*, pp. 397, 402. In Richardson's experiments the redness was remarkably limited to the greater curvature. *New Materia Medica*, pp. 397, 406-7.

|| Imbert de Goubeyre, on *Antimonial Eruptions*, *Brit. Journ. of Hom.*, vol. xix. Rokitansky's *Pathol. Anat.*, translated for Sydenham Society, vol. ii, pp. 10, 26.

¶ Ibid., pp. 560-2. In several of the rabbits poisoned by Dr. Nevins the mouth was severely ulcerated. *New Mat. Med.*, pp. 399, 402, 404-5. Wood,

b. Respiratory.—Upon the respiratory mucous membranes the influence of *Tartar Emetic* is almost purely of the catarrhal character, though pustules are said to have been seen in the larynx.* The nares escape untouched, but the catarrhal inflammation, beginning in the larynx, becomes intense in the trachea and bronchi. The existence of this inflammation under the influence of *Tartar Emetic* has been established both by living symptoms and post-mortem appearances.†

c. Genito-urinary.—The symptoms of genito-urinary irritation have been manifested only among some workmen engaged in preparing antimonial compounds, especially the chloride and antimonious acid. Most of them suffered from dysuria, pains in the bladder, burning in and mucous discharges from the urethra.‡ In these workmen, moreover, loss of sexual power and atrophy of the testicles resulted from the antimonial fumes.

2. *Skin.*—It is well known that *Tartar Emetic*, when kept for some time in contact with the skin, whether in the form of solution, plaster, or ointment, sets up a very peculiar and characteristic eruptive inflammation in the part to which it is applied. The surface first becomes reddened, hot, and painful, and studded with red papulæ. The pain grows severe, and the papules are converted into vesicles or pustules, of various sizes, flat, with a hard crust in the centre, and a surrounding inflamed areola. Their contents are false membrane and a sero-purulent liquid. If now the application be discontinued, the vesicles dry up, and the central crust of the pustule extends till it covers the whole surface, when it falls off, leaving the skin sound. “Should the antimonial be continued, the eruption be-

vol. ii, p. 72. Full antimonial impregnation sometimes affects the gums, as is the case with other metals and in some diseases; the gums assume the appearance of the brightest pink velvet, with a raised pile. See *New Mat Med.*, p. 397.

* Hempel's *Mat. Med.*, p. 226.

† Molin in *Brit. Journ. of Homœopathy*, vol. vi.

‡ Imbert de Goubeyre, p. 377. *New Mat. Med.*, p. 398. In a case of poisoning recorded in *New Mat. Med.*, p. 397, the bladder was found inflamed after death; but the patient was a drunkard.

comes gangrenous, and sloughs are produced, followed by ulcers. In some persons disposed to ulceration, this condition takes place even from the ordinary pustules. Hence scars are not unfrequently left behind; and a surface, which has repeatedly been subjected to this remedial measure, sometimes looks as though it had been scarred with small-pox.* This effect of *Tartar Emetic*, we say, is well known, and described as characteristic of the drug. But it is not generally known that the effect belongs to it, not as a mere local irritant, but as a dynamic agent. M. Imbert de Gourbeyre, in the paper before cited, has adduced numerous facts in demonstration of this doctrine. He first quotes nineteen observations to show that when *Tartar Emetic* is used locally, pustular eruptions are apt to occur on other parts of the body, especially about the scrotum or labia, and the arms, and this without the possibility of mechanical transference of the ointment. He then cites several instances in which eruptions, closely resembling those produced by *Tartar Emetic* ointment, and those which characterise variola, have appeared during the internal administration of the drug.† Lastly, he adduces evidence to show that the local effect of the drug is not produced till after a day or two, and sometimes does not appear there at all, but in some other part of the body. Coupling these facts with the peculiar and specific character of the eruption, and with the frequent occurrence of similar pustules on the internal mucous surfaces under the use of the drug, he comes to the conclusion (in which we fully agree) that Antimony is a specific or dynamic “exanthematogenic,” its characteristic eruption being pustular, as that of *Mercury* is vesicular.

3. *Lungs*.—Majendie was the first to ascertain the irritant action of *Tartar Emetic* upon the lungs. In the dogs poisoned by him he states that the lungs were always more or less affected; they were of an orange-red or violet colour (according to the age of the animal) throughout, destitute

* Wood, vol. ii, p. 757.

† Three additional cases of this kind are cited in the *New Mat. Med.*, pp. 400, 401.

of crepitation, gorged with blood, in some parts hepatized ; in others resembling the tissue of the spleen.* Lepelletier also writes—" Its effects on the respiratory organs were, to produce dyspnœa in dogs which were in perfect health before its administration ; the lungs were found hepatized, 'had lost their colour, and scarcely crepitated at all. One would imagine that, admitting its action in man to be similar, far from being useful, its administration would be particularly pernicious in pneumonia : but it is not so, for, far from favouring engorgement of the lung, it promotes its resolution.'"†

This relegation of their favorite remedy for pneumonia to the sphere of Homœopathy was highly unpalatable to the old school, and counter experiments were performed by Rayer in France and Campbell in England, in which no pneumonia was set up by *Tartar Emetic*.‡ But Dr. Molin, in an able thesis upon this subject, points out that the large doses used by Rayer produced death so rapidly that the inflammation of the lungs had no time to develop itself. His own experiments, in which the animals were slowly poisoned, corroborate those of Majendie ; the post-mortem investigation showed pneumonia in its first or second stage, together with an intense tracheo-bronchitis, characterised by abundant exudation. Still further to clear up the subject, Dr. Molin instituted some careful provings on himself with small doses of the drug (gr. 1-12—1-6). On two successive occasions he developed in himself all the signs, rational and physical, of the first stage of broncho-pneumonia, with marked inflammatory fever.§ Dr. Nevin's experiments on rabbits corroborate those cited above. He says, "The lungs and trachea were frequently congested, sometimes highly inflamed, the two lungs seldom alike." ||

4. *Liver*.—Our only knowledge of the action of *Tartar Emetic* on the liver is derived from the same experiments

* Christison, p. 359.

† *New Mat. Med.*, p. 428.

‡ Hempel's *Materia Medica*, p. 206.

§ A full account of Dr. Molin's thesis will be found in the *British Journal of Homœopathy*, vol. vi, p. 115.

|| *New Mat. Med.*, p. 482.

of Dr. Nevins. He found the liver "generally congested in parts, occasionally inflamed, hard, or brittle."

III. *Hæmatic*.—Antimony acts upon the blood like the alkalies, dissolving its fibrine and diminishing its plasticity.* Several cases are on record in which patients, who had been cured of pneumonia with large doses of *Tartar Emetic* on Rasori's method, died soon afterwards with irrepressible hæmorrhage.† Schloepfer always found the blood fluid in animals poisoned by it.‡ In one case of poisoning it is said, "On the next day his mouth was very sensitive, the gums bled, with a slight spongy appearance like scurvy, lasting two days."§

THERAPEUTICAL ACTION.—We shall arrange the curative effects of antimony in the same categories under which we have already described its therapeutical action.

I.—1. Antimony has been very little used in simple nausea and vomiting,—its analogue, *Ipecacuanha*, being so generally satisfactory in this affection. The presence of much prostration, however, would lead to the preference of *Tartar Emetic*, which would seem also specially indicated in the vomiting symptomatic of cerebral disease. Dr. Gray, of New York, finds it of great value in congestive apoplexy and febrile coma, when there is vomiting or fruitless efforts to vomit.|| The presence of much nausea and vomiting in gastric, bilious, and yellow fevers;¶ in delirium tremens;** and in other acute affections to which *Tartar Emetic* is otherwise related, will always prove a strong indication for its use. It is very rarely that the practitioner of specific medicine has need to use antimony as an emetic. In the few cases in which such an action is needed, salt and mustard, sulphate of zinc, or *Ipecacuanha*, are far more suitable agents. The only circumstances in which the use

* See Richardson on the *Coagulation of the Blood*.

† Wood, vol. ii, p. 72.

‡ Christison, p. 365.

§ *New Mat. Med.*, p. 398.

|| *Ibid.*, p. 420.

¶ *Ibid.*, pp. 411, 412.

** *Ibid.*, pp. 415, 416.

of *Tartar Emetic* would be imperative, would be threatened suffocation from impaction of food in the gullet. Here, if mechanical means are of no avail, a solution of two or three grains of *Tartar Emetic* in two ounces of warm water injected into a vein, or a more concentrated solution subcutaneously introduced, might excite emesis, and so save life. Successful instances of this practice are on record.*

2. *Tartar Emetic* is in extensive use among the practitioners of the old school as an antiphlogistic, and is unquestionably a most valuable medicine, in spite of the nausea and prostration it not unfrequently occasions. If Hahnemann had not taught the supreme value of *Aconite*, we know not how we could have done without antimony in the treatment of acute inflammations. But, having *Aconite*, we are able to restrict the use of antimony to febrile conditions in which its homœopathicity comes into play, while its antipathic action on the circulation, though in the right direction, need only be moderately exercised. Thus it is strongly recommended by Dr. Gray, in doses of gr. $\frac{1}{60}$, in gastric and bilious fevers, and during the incubation of remittent and continued malarious fevers.† Its use in croup, bronchitis, and pneumonia is another instance of the same thing. In slowness or irregularity of the pulse, occurring as a special symptom, *Tartar Emetic* would probably yield in importance as a remedy to *Digitalis*.

II. *Tartar Emetic* has been of value in mercurial stomatitis,‡ and should be tried in aphthous, pustular and other eruptive states of the alimentary mucous membrane. It might relieve the distressing aphthous condition of this tract which heralds death from phthisis and other exhausting diseases. Antimony is the leading remedy for that morbid state of the gastric mucous membrane known as "catarrh." In the acute and subacute forms of this affection, *Tartar Emetic* will be found the preferable form, but in the chronic stage the *Antimonium crudum* is of unequalled value. . . Persistent nausea and occasional mucous vomiting are leading

* Wood, vol. ii, p. 740.

† *New Mat. Med.*, p. 415.

‡ *Ibid.*, p. 423.

symptoms in all these forms; the chronic condition is well described by Dr. Hempel.* The patient has "a sallow and haggard countenance, dull and sunken eyes, dirty-greyish coating on the tongue, unpleasant, foul, pappy taste in the mouth, foetid odour of the breath, dryness of the mouth and throat, thirst, constant secretion of unpleasant, tenacious phlegm in the throat, rising of foul, sweetish, or insipid water from the stomach, bloating of the stomach after eating, fulness and distension of the bowels, frequent emission of foul-smelling flatulence, tendency to diarrhoea, the evacuations consisting of foul-smelling mucus, or alternate diarrhoea and constipation, constant feeling of weakness in the bowels, frequent desire to urinate, the urine being in most cases turbid, and having a foul odour."† This condition is known as "gastricismus," "chronic mucous flux," "saburral derangement," and so forth, and is well described by Dr. Chambers‡ as "chronic catarrh of stomach and intestines." The essential feature is a morbid increase of the secretion of mucus throughout the alimentary tract, impeding all its healthy functions. The diarrhoea for which *Antimonium Crudum* is serviceable is the above condition as manifested in the bowels. It is also of much service in that "diseased condition of the intestinal lining in children which frequently leads to the formation of those troublesome parasites, worms."§ *Tartar Emetic* is indicated in more acute and violent derangements of the intestinal mucous membrane. We are not aware of its ever having been used by homœopathic physicians in epidemic cholera;|| but its physiological action would dispose us to rank it very high among the remedies for this disease, in cases where the collapse is not complete. In these cases, *Tartar Emetic* and *Veratrum* would seem to be the remedies most generally applicable; the former being preferred when vomiting, the latter when purging forms the predominant symptom. In

* Hempel, p. 198.

† Drowsiness should be added to this list.

‡ *Digestion and its Derangements.*

§ Hempel, p. 200.

|| In *New Mat. Med.*, p. 426, several allopathic testimonies to its value will be found.

the ordinary autumnal cholera, which is an acute gastrointestinal catarrh, *Tartar Emetic* should be the prime remedy, and in the analogous cholera infantum, when there is much vomiting, it is highly spoken of by Drs. Marcy and Leon.* The former physician also commends it in weakness of the stomach and bowels remaining after acute diarrhœa and dysentery.† The physiological properties of *Tartar Emetic* have been made use of to obtain relaxation and induce secretion in obstinate constipation; it has thus powerfully aided purgatives otherwise inefficacious.‡ *Aconite* here again takes its place in our therapeutics.

b. *Tartar Emetic* is a remedy of great value in some forms of croup. When the false membrane is formed, it must be superseded by *Iodine*, *Bromine*, or *Bichromate of Potash*, but previous to this stage in true croup, and throughout the catarrhal form, it is of prime service, generally in alternation with *Aconite*.§ *Tartar Emetic* being specifically related to this disease and its seat, it is quite unnecessary to push it so far as to produce its emetic effect. *Tartar Emetic* is a great favorite in the old school in the treatment of acute bronchitis,|| and in small doses is deservedly so. It would be desirable to compare it with the *Bryonia*, *Spongia*, and *Phosphorus*, one of which, in alternation with *Aconite*, forms the usual homœopathic treatment of this malady. *Tartar Emetic* has hitherto been used in homœopathic practice only in the second stage of bronchitis, especially in children and old persons, where the expectoration is profuse. We have obtained considerable benefit in the winter cough of the aged from *Antimonium crudum*, in alternation with *Hyoscyamus*.¶

c. The antimonial preparations might occasionally prove useful in chronic catarrh of the bladder, and Dr. Marcy speaks highly of *Tartar Emetic* as a remedy for gleet.**

* *New Mat. Med.*, p. 427.

† *Ibid.*

‡ *Ibid.*, Wood, vol. ii, p. 448.

§ *New Mat. Med.*, pp. 435-7.

|| See Watson, vol. ii, p. 33.

¶ Dr. Gray highly commends *Tartar Emetic* in the first and third stages of influenza. See *New Mat. Med.*, p. 421.

** *Ibid.*, p. 438.

2. The very remarkable specific action of *Tartar Emetic* on the skin has naturally led to its employment as a remedy for smallpox. Its relation to this disease is very remarkable. Besides the cutaneous eruption, it has the nausea and vomiting, the pustules of the mouth and throat, the viscid mucus clogging the air-passages, and the hypinosis of the blood which equally characterise the disease. Still further, the inoculation of the lymph of *Tartar Emetic* pustules appears to produce results analogous to those of vaccination. Dr. Lichtenstein of Brunswick says, "The clear lymph of the pustules which arise from the external application of *Tartar Emetic*, produces inoculation pustules which are quite indistinguishable from those produced by vaccination. They seem to confer the same protection from cowpox and smallpox, they excite fresh pustules by inoculation, and in general in other respects would appear to be analogous to cowpox. The first experiments I made with them were in the summer of 1836; but as I never heard of any similar ones, I was then diffident about them; up to this time, however, I have made thirty-one vaccinations and re-vaccinations with lymph of *Tartar Emetic* pustules, and have found them in all their relations analogous to cowpox lymph."* Corresponding with this close homœopathicity, the power of *Tartar Emetic* as a remedy for variola is very great. It seldom fails to carry the case safely through, and generally prevents pitting. It is especially valuable in cases where the respiratory mucous membrane is much affected.† Besides variola, *Antimony* must occupy a leading place in the treatment of the members of the order *Pustulæ*, as impetigo, ecthyma, crusta lactea, mentagra, &c. Cases of cure of ecthyma and sycosis are on record, *Tartar Emetic* being the form used.‡ The same preparation is highly spoken of by American physicians in "barber's tetter," in itching and burning pustular eruptions about the male and female genitals, the hands and arms, &c.§ Dr. Marcy cured a

* *Brit. Journ. of Hom.*, vol. ix, p. 181.

† See testimonies collected in *New Mat. Med.*, pp. 409, 410.

‡ *Ibid.*, p. 409.

§ *New Mat. Med.*, pp. 410, 438-9.

case of "obstinate prurigo affecting both hands" by the external application of *Tartar Emetic* ointment.* Indolent pustular eruptions, and chronic cutaneous sorenesses in unhealthy children, are often advantageously treated by *Antimonium crudum*.† Chronic cutaneous affections are among the diseases for which *Antimony* was so highly lauded on its first introduction into practice.‡

3. The value of *Tartar Emetic* in pneumonia is too well known to need demonstration here. Whether in the enormous doses of Rasori and the contra-stimulants, or in the fractional quantities given by English physicians, the highest testimony is borne to its value. It is supposed to act by its general antiphlogistic power, in virtue of its depressing influence on the circulation and liquefacient action on the blood. But without denying the value of this general action in the treatment of acute inflammations, we cannot believe that the peculiar value of the drug in pneumonia depends solely upon such an action. If it were so, it should be equally useful in all inflammations, wherever occurring. But it is admitted that croup, bronchitis, and pneumonia rank far above all other inflammations as instances of the curative action of *Antimony*. It would therefore seem, *à priori*, that the drug must have some specific relation to the tissues involved in these three maladies. In our study of the physiological action of the drug, we have learnt that it is specifically irritant to the trachea, the bronchi, and the lungs; and therefore, as in the cases of croup and bronchitis already mentioned, it is specifically curative in pneumonia. In homœopathic practice *Tartar Emetic* is practically superseded by *Bryonia* and *Phosphorus* in the treatment of this disease; but cases may readily occur presenting its characteristic symptoms, and calling for it in preference to all other medicines. *Tartar Emetic* has several times proved curative in the hands of Drs. Wurmb and Caspar, of Vienna, in acute œdema of the lungs.

4. We have no record of any curative effect exercised by

* *New Mat. Med.*, p. 440.

† Hempel, pp. 200-5. *New Mat. Med.*, pp. 385-7.

‡ Imbert Goubeyre.

Tartar Emetic in affections of the liver, and our knowledge of its pathogenetic action on this organ is too limited to permit any inference as to its probable place among its therapeutic agents.

III. We can hardly recommend *Antimony* in purpura or scurvy; but the presence of a hypinotic condition of the blood in disease will always be a homœopathic indication for its use.

Other uses of Tartar Emetic.

1. It is highly recommended in acute rheumatism by Laennec in the old school, and by Arnold and Teste in the homœopathic.*

Dr. Gray advises it when the disease is embarrassed by gastric symptoms; and Dr. Marcy says, "Chronic rheumatism, with slight pains shifting from place to place, and daily attacks of dryness of the skin, followed by cold and debilitating sweats, have often yielded promptly to this remedy.†

2. It has frequently proved of great service in delirium tremens. Gastric disturbance, vomiting and purging, sweats and trembling, are prominent indications for its use.‡

ALLIED REMEDIES.—Of *Antimonium Crudum*, the *Hydrochlorate of Ammonia*. Of *Tartar Emetic*, *Ipecacuanha*, *Digitalis*, *Lobelia*, *Phosphorus*, *Tabacum*, *Veratrum album*.

PHARMACEUTICAL PREPARATIONS.—The crude *Antimony* and the *Golden Sulphide* are triturated up to the 3rd potency, and then dissolved as usual. *Tartar Emetic* may either be triturated, or kept in solution in dilute alcohol. It will not keep in watery solution.

* *New Mat. Med.*, p. 418.

† *New Mat. Med.*, p. 408.

‡ See Dr. Moore's paper in *Brit. Journ. of Hom.*, vol. viii. *New Mat. Med.*, pp. 411, 412.

Dose.—We have found the 3rd centesimal trituration of *Antimonium crudum*, and the 3rd decimal of the *Golden Sulphide* sufficient for all practical purposes. The strength of *Tartar Emetic* admits of wider variation. Doses of from $\frac{1}{20}$ th to $\frac{1}{100}$ th of a grain have been found of most frequent service, as in croup, bronchitis, pneumonia, variola, and cholera. The higher dilutions, from the 6th to the 12th, are recommended in nausea and vomiting, in weakness of stomach and bowels following acute disorders, in pustular eruptions on the genitals, and in cedema pulmonum.

CHELIDONIUM MAJUS.

By Dr. O. BUCHMANN, of Alvensleben.

(Continued from p. 75.)

10. ENDOCARDITIS AND PERICARDITIS.

In diseases which can be surely recognised only by the products of inflammation, such as the above, the discovery of the specific remedy on the basis of physiological proving is attended with great difficulty, and it seems that the “usus in morbis” can be the only guide to their selection. Since, however, the above diseases seldom occur but as secondary, all depends on this, viz., whether the primary diseases correspond with the *chelidonium*-disease, and whether the symptoms by which both diseases are wont to commence are also to be met with in the *Chelid.* proving.

Amongst the primary diseases, then, the most frequent, as pneumonia, pleurisy, morbus Brightii, and acute rheumatism, find their remedy in *Chelid.*; amongst the less frequent, typhus, measles, and erysipelas.

The other symptoms of inflammation of the heart, as stenocardia, palpitation, arrhythmia, increased impulse of the heart, accelerated and laboured respiration, nightly attacks of asthma with a sense of constriction in the chest,

dyspnœa after awaking out of frightful dreams, restlessness, anxiety, and fainting, are all characteristic of *Chelid.*

It is a striking circumstance, and one of importance to the physiological estimation of the action of *Chelid.*, that this medicine also produces just such phenomena as are observed in impeded circulation due to the imperfection of the valves. To this class belong—

Catarrh of the biliary ducts and jaundice from hyperæmia of the liver; hæmorrhoidal sufferings; nephritis; indigestion; dropsy; cold extremities; erysipelas; boils; pustules; dingy yellow skin; rigor, followed by heat and (as symptoms of pressure and irritation of the brain) sorrowful, anxious mood; chorea (Bamberger); pains in the head; stupefaction; vertigo; confusion of the head; humming in the ears; sparks before the eyes; fainting fits; lethargy. (Duchek, *Krankheiten des Herzens*, &c., Erlangen, 1862.)

11. TYPHUS.

In 1827 Rademacher first employed *Chelid.* in an epidemic fever with affection of the liver at the end of autumn (*Rechtfertigung*, &c., Berlin, 1848, i, 5, 103).

Rademacher was obliged to descend to (so-called) “homœopathic doses.” He considers his to be colossal doses compared with Hahnemann’s, not considering that we also, where the mother tincture produces no aggravation, employ it without hesitation.

In the following case *Chelid.* was found by Löffler to be a cure for the epidemic.

“A stout peasant woman, æt. 68, one night slept not so well as usual, and all day felt lazy and listless, with confusion of the head and occasional painful drawing in the back and limbs, and at last towards evening felt repeated chills, when on the night between the 20th and 21st August, 1846, she was awakened by anxiety, a sense of tightness in the *scrob. cordis*, eructation, and nausea; directly afterwards, with a sensation of painful constriction in the *scrob. cordis*, and, after many ineffectual retchings in rapid succession, she

repeatedly threw up acid-tasting mucus. Almost at the same time diarrhoea set in, and that so quickly after an almost imperceptible call to stool that the fluid evacuation was passed in bed.

“After some time there was a cessation, especially of the tightness and retching; yet her sleep was disturbed for the rest of the night; seized with dizziness and weight in the limbs, where sometimes a wearisome drawing was felt, without any appetite, with a mucous, pasty taste, and occasionally acid eructation, and at times also tussiculation, the patient was got out of bed on the following day. Towards evening painful drawing in the lower dorsal region set in, with repeated shivering; and this was followed by heat and increased inclination to drink water. She cannot go to sleep because of a cutting pain in the calves and upper arms, alternating with the headache.

“Next night the sufferings of the previous night were repeated. She stopped in bed next morning, because vertigo seized her on attempting to rise. The whole day passed in severe sufferings. Next day, August 24th, Löffler found her complaining of languor and heaviness in the head, besides the sufferings above named. The face is feverishly reddened, the skin uniformly hot and dry; pulse rather small and quick, 90. On examination, subsultus tendinum was plainly felt on the forearm; the tongue was moist, but thickly and heavily coated with greyish-white fur. After having taken *Nux vom.* up to August 31st without any particular alteration, she got *Tinct. Chelid.*, after which the amelioration was undeniable.”

In this disease there was not a single symptom which we do not find repeated, as it were, word for word in the list of the symptoms of *Chelid.*

Remark.—Although we are far from recommending the one-sided endeavour to “cover” the individual symptoms as much as possible, but, on the contrary, exert ourselves to trace out the anatomical and chemical changes produced in the organs and systems by the medicines in the physiological provings so far as the present state of science permits, and to build up our materia medica on this basis, yet we see,

from the kind of way in which the adherents of so-called "scientific therapeutics" take their indications for a remedy from induction, even without regard to the physiological action of the medicine, and merely from a consideration of the pathological changes in the organism, what value they of necessity attach to subjective symptoms.

The similarity in the physico-chemical disturbance of two organisms must be so much greater in proportion as *all* the symptoms of both agree; and in a case where, as often happens, we cannot discover that disturbance by our anatomical, physiological, chemical, and physical knowledge, we can only attend to these symptoms, not for the purpose of removing the individual symptoms, but by means of them to discover a medicine that corresponds to the unascertained disturbance of the organism.

In the epidemic observed by Löffler there were present diminished appetite, slimy taste, diarrhoea, languor, confusion of the head, somnolence, and inclination to perspire, all of which are phenomena of which even the most healthy are apt to complain one time or another, either separately or in alternating combination with each other.

The disease itself set in with synochal fever, in the course of which the type of cerebral typhus presented itself—at the very outset for the most part incoherent talking and subsultus tendinum, and then most constantly that peculiar confusion of the head which the patients call giddiness or dizziness. Very often there were neuralgic symptoms, painful drawing in the occiput, and occasionally very acute pains in the soft parts of the limbs, especially the lower extremities.

To this category belong that unwonted inclination to sleep, that frequent and vivid dreaming, that weakening of the powers of perception and memory, and that feeling of extraordinary languor that paralyses the desire for exertion. These symptoms were, however, secondary; and the seat of the ailments was in the abdomen, which was generally soft, not painful, even when strongly pressed; whilst the tongue only in a single case was seen thickly and heavily coated, otherwise, however, (at least in the feverless patients and in the

first period of the febrile affection,) scarcely altered more than in the slightest catarrhal fever, viz., only with a slight whitish coat in the centre, and without any tendency to dryness except after long-continued fever, and yet without sordes or cracks. On the other hand, however, a whole series of phenomena were more or less constant and peculiar. There was invariably loss of appetite, pasty insipid taste, slimy or acid eructation. In general, retching and vomiting supervened, either transient or permanent, and in the latter case sometimes in fits, coming on in a more or less regular type, always associated with distressing and sometimes very painful sense of *constriction* in the gastric region. Fits of this kind sometimes were the prelude to even the more serious form of illness. The thirst was so little increased, that even those in high fever manifested no striking inclination to drink. Continued constipation did not often occur; more frequently, an alternation of diarrhoea and costiveness. The diarrhoea took place, not only without pain in the bowels and without urging, but in many cases, whether with or without fever, so entirely without abdominal notice that the liquid stool escaped quite suddenly from the anus. In all the patients the evacuations occasionally exhibited mucous contents in the form of flakes, strings, gelatinous lumps, and deficiency of biliary colouring matter.

In this description there prevails such an agreement of the symptoms with those of the provings, that no one, taking them for his guide, would have employed any other medicine in this epidemic.

In the same year Bernhardi observed an epidemic curable by *Chelid.* in which a sensation of dizziness and confusion of the head, with rapid general emaciation, was noticed in almost every case. Some of them only complained of headache, and this was seated especially in the forehead.

In some few cases, when convalescence set in, the hair came off more or less completely. Dull eyes; difficulty of breathing; tongue at first generally normal, afterwards dry; mucous secretion in the trachea, increased after incipient cure; hollow, dry, often shaking cough; accelerated movements of the heart; a sense of fulness, pressure, and tension in the

right hypochondrium ; hindrance to breathing, *as if by a tight girdle* ; occasional pain in the *scrob. cordis*, increased by pressure ; total loss of appetite, with greenish slimy vomiting, and hunger all the stronger with returning health, and painless diarrhœa—these were the main symptoms. Most of the patients complained, at the commencement, of a sense of being bruised ; heaviness and languor all over the body, especially in the limbs. Some described drawing and tearing pains in the lower extremities as very distressing. In some individual cases a rigor appeared at long and irregular intervals, followed by increased heat ; sometimes an unrefreshing chilliness followed.

“ The dose of *Chelid.* was at the most $\frac{1}{2}$ dr. per day.”

A glance at our list of symptoms shows us that in this epidemic, too, according to the above symptoms, *Chelid.* must have been the medicine.

In the first quarter of 1852 Kissel had an opportunity of observing the typhus which is curable by *Chelid.* alone.

The disease began with the same symptoms as those of the epidemic already described.

The loose stools numbered six to twelve per day and night, and were bright yellow or green, watery, slimy, and parted into two portions, one of which was thinner and stood uppermost, whilst the other covered the bottom of the night-stool. In children they were often quite white, as in the last stage of jaundice. The urine was at first jumentous and very acid, then turned deep yellow and turbid, afterwards bright yellow and clear.

In the course of the disease were exhibited considerable emaciation, collapse of the features, increase of diarrhœa ; tongue often but not in the majority of cases dry ; brown and dry coating on lips and teeth ; quiet delirium set in, in general at night only, but subsequently lethargy also by day. Subsultus tendinum in but few cases. The abdomen was sometimes tympanitic ; and Kissel remarked repeatedly pain and rumbling in the cæcal region, some few times pain on touching the region of the spleen, with swelling of the spleen itself. The duration of the morbid process was four to eight weeks, after which ensued either spontaneous re-

covery after complete exhaustion of the organism, or else death, sometimes immediately preceded by hæmorrhage from the bowels.

The *Tinct. Chelid.*, which was found to be the remedy, given at the rate of a scruple per day, invariably effected a diminution of the symptoms both subjective and objective, with cure in two to four weeks. Death occurred in no instance where it was employed.

What I have already said of the epidemics above described applies most assuredly to this last.

Thienemann recounts one other case of typhus observed at Gardelegen (*Zeitschrift für wissenschaftliche Therapie*, von Bernhardi, v, iii, s. 301), in which, after steady aggravation under *Aq. Nuc. Vom.*, *Natr. carb. ac.*, *Tinct. Ferr. acet.*, *Coccinella*, and *Aq. Nicotianæ*, rapid amendment was produced on the eleventh day of this disease by 20 drops of *Tinct. Chelid.* Rademacher's method of experimenting perfectly satisfied him (!)

The epidemics above described as cured by *Chelid.* show a great similarity in their symptoms, and were declared to be typhus by Löffler, Kissel, and Thienemann; whilst Rademacher and Bernhardi have avoided giving any name to the "epidemic fever." Kissel has only *occasionally* observed swelling of the spleen, tenderness in the ileo-cæcal region, and the separation of the stool into two layers; otherwise there is no indication reported by which this epidemic can be referred to typhus with any certainty.

Löffler concludes rightly that the cause of deficiency of biliary colouring matter in the stools is to be sought in a diminution of the bile-secreting power of the liver, and regards this as the fixed point from which the epidemically prevailing morbid process in question must be estimated. In support of his view he points to the efficacy and *modus operandi* of *Chelid.*, which has long been famed as a liver medicine; and its repute as such is borne out by the fact that its curative action in the said epidemic was accompanied with borborygmus, griping in the bowels, and distension and sensitiveness of the abdomen, and also increased influx of bile into the intestinal canal.

In our judgment respecting *Chelid.* in the above epidemics, we rely not so much on its *curative* as on its *physiological* action on the intestinal canal and liver; and we find indicated in the summary of the provings, catarrh of the intestines and biliary ducts, with diminished biliary secretion. We also find in the above description not merely an exact agreement of the gastric and other catarrhal symptoms, but also of those of the vascular and nervous systems, with the corresponding symptoms in the provings of *Chelid.*; so that a brilliant testimony for the truth of our principle is established by our adversaries in the reported curative action of *Chelid.* in minute doses in these epidemics.

[Obs.—In order to prove, from the similarity of the morbid symptoms to the results of our provings, that the cures quoted from allopathic writers have taken place in accordance with Hahnemann's law, I have thought it necessary to give a tolerably large extract from the description of the above epidemics, and in the case of other forms of disease to present their clinical history unabridged.]

It might be difficult to find a medicine which, from a physiological and anatomical point of view, corresponds exactly with typhus. We must also dispense with this proof in the case of *Chelid.*; nor can we derive any support for our case from post-mortem evidence, as we can in the cognate medicine *Arsen.*, which most closely resembles typhus in pathological and anatomical respects. In two epidemics of typhus presenting identical anatomical appearances the epidemic remedy will not, however, be exactly the same; and the similarity (so multifariously approved for successful treatment) of apparently trifling symptoms, which, with the followers of our school, are not necessarily as regards *Chelid.* merely subjective, must often give the clue to the choice of *Chelid.* in typhus. At all events, it will be useful, besides attending to the biliary secretion in a given epidemic, to submit the urine to a careful examination, since in typhus the kidneys are often involved, and to allow the results of this chemical and microscopical investigation to decide as to our selection of *Chelid.*

For the efficacy of *Chelid.* in typhus exanthematicus testify

not only the similar febrile, nervous, and mucous membrane symptoms, but further the circumstance that an exanthema was observed in the face after taking *Chelid.* greatly resembling roseola. That the roseola appears in typhus on the trunk, whilst after *Chelid.* it is confined to the face and neck, is of little account.

12. HÆMORRHOIDS.

Our proving contains all the premonitory symptoms of the hæmorrhoidal disease ; such as pains in the lumbar region and sacrum, in the occiput and nape ; vertigo, restless sleep, pains in the back, dyspnœa, and moreover, the abdominal symptoms indicating abdominal plethora : — Costiveness and diarrhœa, pressure and weight in the abdomen, colicky pains ; eructation, flatus, pasty taste, coated tongue ; itching in the anus for a week at a time ; burning in the rectum, on the perinæum and scrotum, with eczematous exanthema on those parts ; acne ; itching of the glans, urging to urinate ; cold feet, &c. Also there is no lack of the mental symptoms.

The symptoms of developed hæmorrhoidal disease, of blind, mucous, and bleeding hæmorrhoids, were also observed in some provers who had never before suffered from hæmorrhoidal affections ; so that we have every reason to expect success from *Chelid.* in this disease, and in cases where we are uncertain as to the choice of *Chelid.* where a tendency to hæmorrhoids exists.

The distension of veins in the rectum which has been observed after *Chelid.* can only be referred to congestion of blood in the portal system, and plethora abdominalis produced thereby, the symptoms of which have already been pointed out in the summary. This disturbance of the circulation seems to be caused by the hyperæmia of the liver and kidneys in connection with the catarrhal inflammation of the biliary and urinary passages that has been observed.

Our defective knowledge of the influence of a dyscrasic condition of the blood upon the formation of hæmorrhoids

does not, as yet, permit us to refer their appearance under *Chelid.* to a *Chelidonium* dyscrasy of the blood.

13. INTERMITTENT FEVER.

It has already been stated that obstinate intermittent fevers were formerly cured by *Chelid.*

According to the physiological proving, *Chelid.* will be particularly suitable in those cases where the fever sets in *daily* in the afternoon or towards evening, with the rigor not longer than a quarter of an hour, after which heat follows for two hours, chiefly in the head, with thirst. In one of the provers the fits took place without any previous rigor. Moreover, it is very seldom that secondary sufferings are absent, which facilitate the choice of *Chelid.* To this category belong the frequent complication with bronchial catarrh, rheumatic fever, and symptoms of jaundice. Besides, I invite attention to the dropsical symptoms, the not unfrequent pains in the kidneys, and the fact that, quite lately (Griesinger, in Virchow's *Handbuch*, 1857, ii, 2, s. 29), cylinders of fibrine have also been found in the urine during intermittent fever. We also find distinctly marked after *Chelid.* a tolerably constant pain in the spine, aggravated by pressure on the spinous processes. Nor is there any lack of the pale, dingy yellow colour of the face amongst our symptoms, by which intermittent fever is recognised at a glance, nor of the characteristic herpetic exanthema on the lips and *alæ nasi* which appeared in many of the provers.

Chelid. seems to be specific for those masked intermittent fevers which express themselves by neuralgiæ (see above) of both branches of the fifth pair, sometimes also of the spinal nerves, and by intermittent congestions (ophthalmia). The cures already performed confirm these views.

I now regret that I did not test the splenic region by percussion in the provers. The discovery of swelling of the spleen would have supplied the last link in the chain of *Chelid.* symptoms. The impossibility of surveying, during

the proving, the whole field over which *Chelid.* displays its physiological action, may serve as my excuse.

Unfortunately, swellings of the spleen do not show themselves directly by any other symptoms, either objective or subjective. And though with the symptoms of hyperæmia in the kidneys, and of congestion in the portal system, a hyperæmia of the spleen from *Chelid.* must seem very natural, yet every indication which increases the probability of our view can only be welcome to us.

I therefore call attention to the observation that the sudden anæmic, or rather oligæmic, condition of the outer parts of the body in ague, depends on the rapidity with which it commences, and on the degree of swelling which it attains, and that the diminution of the partially oligæmic condition keeps pace with the subsidence of the swelling in the spleen (Niemeyer's *Lehrbuch*, 1863, i, s. 684).

Now, as the two provers, FX. and S., in whom daily intermittent fever was observed, were also the only ones where anæmic symptoms appeared, this confirms the view that the reason of their anæmia is to be sought in a hyperæmia of the spleen.

Kissel (*Zeitschrift für wissenschaftliche Therapie*, iv, Bd., s. 469) relates the following cure :

January 17th, 1849.—I had to treat Ph. L—, æt. 20, who had been ill a week. Every afternoon he had, about 3 o'clock, chill, heat and perspiration, which lasted till evening and then intermitted completely. In the morning he got out of bed ; but, when the chill came on, he had to lie down. The hot fit had always been worse than the cold. During the interval, moderate pain in the forehead and middle of the abdomen ; tongue thickly coated white ; taste bitter. For four days past, a bright yellow, thin, pappy stool, once a day. *Natr. Carb.* ʒss pro die.

18th.—Slight chill in afternoon ; heat and perspiration ; no stool ; taste normal ; urine bright yellow, clear, and acid, with a mucous sediment.

19th.—Fever again as yesterday ; bright yellow, pappy stool ; urine in the morning bright yellow, clear, and acid. Six drops of *Tinct. Chelid.* daily.

Next day the fit was shorter and slighter. On January 21st it kept off entirely, without any relapse.

This case commended itself for the use of *Chelid.*—1st, on account of the daily fits; 2nd, because the fits commenced in the afternoon; 3rd, because the hot fits were worse than the cold; 4th, because of the bright yellow stools.

In both of the other reported cases *Chelid.* was once given with *Copper*, and the next time an emetic was given previously with *Quinine* and *Quiniodin*, after which the right hypochondrium became prominent, hard, and painful.

The case of intermittens larvata reported by Löffler proves clearly the disadvantage of Rademacher's method of experimenting exclusively on the sick without the clue afforded us by physiological proving; it further shows the possibility of curing a disease by attending to the pathogenetic symptoms before an exact diagnosis is practicable, and also shows how inadequate is the clumsy treatment of intermittent fever by allopathic physicians with large doses of *Quinine*, for which reason I shall give the histories of the cases in full.

A great, big-boned, muscular road-mender, æt. 32, had to quit work from languor, loss of appetite, pain in the head, and fever-heats coming on him from time to time. He was ill about a week, when Löffler was called in. His wife told him, on the way to the house, that her husband was highly delirious all the night before, and often got up to dress himself. Towards 5 a.m. he at last got very quiet, and even slept till about 8, and perspired copiously; but half an hour before she came he had got worse again (this was 10 a.m.). Löffler found the man with head tightly bandaged with a cloth, groaning, and complaining of intolerable pain there when questioned about his health. It was only by repeated urgent questions that he was brought to reply further, because, as he said, the pain deprived him of his senses. He described it as a painful drawing, which, getting worse by jerks, settled especially in the occiput and nape, so that he sometimes felt *as if his head was wrenched backwards*. Deeper in the head he felt pulsations and hammering. He

closed his eyes constantly, because the light was intolerable to him. At the same time, one could perceive a morbid stretching of the limbs, especially the arms, so violent that it made a noise, and he accompanied every fit with grinding of his teeth. His respiration was hurried, superficial, irregular, and interrupted by deep sighs and hiccough. His head felt hot compared with the normal warmth of the trunk and the cooler temperature of the extremities. Pulse quick, hard, 90. Pressure on the spinous processes of the three first dorsal vertebræ was very painful to him; but also any feeling of muscles of the nape, the scalp, or even the soft parts of the arm, was unpleasant to him. Tongue moist, not white, nor unusually red, but at the middle of the base coated whitish. Thirst not increased; insipid, mucous taste; nausea, inclination to vomit. Nothing abnormal could be detected in the chest by auscultation and percussion, except the quick pulsation of the heart.

The abdomen was full, somewhat tense, with normal sound everywhere, even over the hypochondria; rather sensitive only when pressed quite strongly, just where the epigastric region joins the right hypochondrium. No stool for two days. The urine, after standing in the utensil for some hours, was acid, brownish, and had deposited a yellowish-grey sediment.

Löffler, who in the prevalent malady thought he detected a cerebral affection, prescribed *Tinct. Nicotianæ*, five drops every hour. On account of a journey to the country he did not see the patient again till 9 p.m. He was told that the violent stretching of the arm had lasted about half an hour, but the pain in the head much longer. The patient had with this grown constantly hotter, had apparently slept, but was very delirious and sometimes cried out aloud. About 2 p.m. a profuse perspiration had broken out, in which the patient had slept quietly from 4 to 6 o'clock. On awaking he had complained of a confused feeling in the head and great weakness, and could not take the prescribed gruel. An hour before he was seized again just as in the morning. In fact, he was in the same condition as at the first visit, only it was still more difficult to

get him to answer questions ; the pulse too was somewhat quicker (100). Repetatur.

Next morning, about 7, he perspired and slept. Pulse strong, soft, 85 ; slight subsultus in the forearm. Urine as the day before.

Löffler now had no doubt that this was a case of intermittent fever with two paroxysms a day, although the total absence of the cold fit is at least not very common. The active participation of the brain he ascribed to the peculiarity of the epidemic. The violence of the fits seemed to him to justify an attempt to remove as speedily as possible one of the two morbid states. He therefore prepared six powders, each containing two grains of *Sulphate of Quinine*. At first one was to be given every hour, but discontinued upon any commencement of a fresh fit, and when perspiration set in he was to go on with the dose every two hours. It was only possible to give one dose before the fit, because this came on soon after 8 o'clock. The fit took its course just as yesterday—the perspiration began at 12, whereupon four powders were given until 6 o'clock. About 7 the violent pain in the head and the stretching set in, the patient suffering this time more than previously. About 10 he was still in a high fever, with full and tense pulse, 110 ; skin burning hot and dry ; delirium strong. So profuse a perspiration followed that all the bedclothes were wet, after which he took the sixth powder.

Next morning at 10 he was still sleeping. The morning fit had only shown itself in a transient drawing in the occiput and arms. On awaking he complained of a paste-like taste ; dislike to all food, especially flesh ; confusion in the head and great weariness. The abdomen was rather tense, no prominence of liver or spleen, however, could be discovered. On deeper pressure under the edge of the right ribs some sensitiveness was manifested. The tongue was coated rather whitish ; the painfulness of the three first dorsal vertebræ was much diminished.

For a constipation of more than four days he got a clyster of tepid water, besides *Sulph. Quin.* gr. xv, *Tinct. Nicotian.*, ʒj, *Spirit vin. rectificati*, ʒj, thirty drops every

three hours. The fits returned no more. Under the idea that all the rest would go off of itself, the patient declined further treatment. This was not the case, and in a fortnight Löffler found him as follows:

The abdomen equally distended, tense, and distinctly fluctuating, betrayed ascites, which was confined to the abdomen, so that not even œdema of the feet was present. The previously obstinate constipation had for a week given place to diarrhœa, four to six times in twenty-four hours; copious evacuations of greenish-yellow water with abundant flakes of mucus. Tongue coated greyish-white; urine clear, moderately acid, brownish. The region of the kidneys and the vertebræ free from pain; no fever.

The patient's face is greyish-yellow, and he complains of confusion of the head, want of appetite, sickly taste, occasional nausea, great weakness and somnolence.

From the tension of the abdominal integuments it could not be decided whether swelling of the liver or the spleen was present. The patient took the epidemic remedy, *Tinct. Chelid.*, beginning with ten drops three times a day. Under this the diarrhœa increased, but less urine was voided; the abdomen remained as it was until the doses were gradually lowered to four drops. Now the good effect was soon observable, and in three weeks a perfect cure was effected.

When Löffler first saw the patient he complained of intolerable pain in the head, which deprived him of his senses, worst in the occiput and nape, *as if the head was dragged over backwards*; at the same time pulsation and hammering in the head, constant closing of the eyes, photophobia, hurried respiration, hot head, with the extremities cool, pulse 90; tenderness of the scalp and the muscles of the neck when touched. All these symptoms point to *Chelid.* The patient got *Tinct. Nicotianæ*. In the evening another fit came on. The perspiration on awaking next morning as the day before, and the subsultus in the forearm are also peculiar to *Chelid.*

On suspicion of intermittent fever, twice a day he took 12 gr. of *Quinine*, by which, after the following day, the

fits were suppressed; yet there remained the following symptoms, which still point to *Chelid.*, viz., drawing in the occiput and the arms, paste-like taste, special dislike to flesh meat, confusion in the head, and great prostration.

[Obs.—It is a fact often observed that when the appropriate medicine is not given on account of insufficiency of symptoms, after some other medicine fresh symptoms occur which point out the proper remedy.]

The disease, however, was not removed, for after fourteen days the abdominal dropsy was developed. Now here *Chelid.* did good service, *not, however, till the dose was reduced from ten drops to four*, whereas with the large dose the dropsy continued unaltered, the urine diminished, and diarrhoea increased.

It is more than probable that in this case the dropsy was produced from the suppression of the neuralgic fits by the *Quinine*, and the whole disease would have been at once cured by the small doses of *Chelid.* employed from the very first.

14. WORMS.

Our idea that the development of intestinal worms depends on the state of the mucous lining of the alimentary canal, and that with the removal of this diathesis the worms leave the body, is shared by Kissel (*Handbuch der speciellen Pathologie und Therapie*, Erlangen, 1863, i, s. 192).

Experience also teaches that those very medicines after the use of which the worms are immediately expelled, when employed duly have a tendency to develop them. It is, at the same time, astonishing that the remedies which are approved of for this disorder should call forth in healthy persons symptoms similar to the sufferings caused by those parasites.

The following symptoms of worms:—coated tongue, eructation, nausea, vomiting, stomach-ache, burning or violent pain in the stomach, tension or prominence of the abdomen, constipation, diarrhoea, or both alternately, discharge of mucus with the stools, itching of the nose and

anus, intermittent appetite, bulimia, loss of appetite with clean tongue, salivation, pain in bowels especially at the navel, squinting, *muscæ volitantes*, dull vision, humming in the ears, pain in the head, vertigo, dull humour, restless sleep, spasmodic cough, palpitation of the heart, pale face, changeable complexion, emaciation, relief of pain by eating, preference for milk, &c.; all these we find in our list of *Chelid.* symptoms.

Add to this that in the proving on my dog, numerous ascarides were found in the fæces which had not been remarked before, and we are justified in considering *Chelid.* as an anthelmintic. Previous therapeutic experience establishes the truth of our view.

Schallorn testifies to the good effect of *Chelid.* in worms (loc. citat.).

OBSERVATION I.—A boy, æt. 2, with “pot belly” and emaciated legs, could not yet walk or stand. After he had taken three grs. of the watery extract four times a day, frequent stools occurred, many round worms came away, and the child gradually got well.

OBSERVATION II.—Another boy, æt. 3, who was not yet able to stand, took the same extract in peppermint water with the same effect; getting well in a month.

OBSERVATION III.—A third boy, aged 9, who was suspected of worms, took three grains of the dried milky juice pressed out of incisions in the plant with two drachms of sugar, whereupon instantly six round worms passed.

15. CHOREA (St. Vitus' Dance).

The symptoms of muscular restlessness which we have observed after *Chelid.* correspond so closely with the symptoms presented by Chorea that perhaps no other medicine could act as a direct cure in the same degree.

We are constrained to seek the cause of this disease in a disturbance of the regulating power of the cerebellum.

Now in *Chelid.* we at once find symptoms which prove a congestion towards this part of the brain, and are grouped

in the list of symptoms under "Occiput," so that I do not repeat them here.

We also find represented by *Chelid.* the other symptoms of Chorea, as prostration, irritability, anxiety, palpitation, tightness of breathing, weariness, loss of appetite, vertigo, confusion, &c.

A girl, æt. 10, who for five weeks suffered from Chorea, I cured in fourteen days, with six globules of *Chelid.* 6, three times a day.

16. ACUTE RHEUMATISM.

I had given three drops of *Chelid. O.* every three hours to a young lady for toothache. Next day she complained that after the drops she felt very ill, and could only take three doses. The toothache had become more violent immediately after each dose, besides which violent pains in the abdomen and limbs had set in. After the last her elbows had swollen as in acute rheumatism, and this went off in three days.

This objective symptom I could only ascribe to the action of the *Chelid.*, as she had never suffered from rheumatism, and no such disease was prevalent at the time, and the commencement of the pains in the limbs immediately after each dose, whilst the toothache got worse, induced me to try the effect of *Chelid.* in acute rheumatism.

OBSERVATION I.—Mrs. E—, of B—, æt. 23, of blond complexion, healthy and strong; ten weeks before had her first child, and was nursing it herself. Three days after the birth puerperal miliary fever set in with profuse perspiration, and still continued. A week after her confinement she left her bed, and ever since had a violent fit of shivering daily about 3 p.m., for a whole hour, accompanied by pains in the head as if there was a band tightly fastened round her forehead and temples, so that she had to go to bed each time. After the cold fit, a hot fit with perspiration always commenced, the latter continuing all night. To these sufferings were added, on March 6th, after the usual cold

fit, tearing pains in the back and extremities, with bright yellow diarrhœa. On March 7th the feet swelled and became so painful that she could not move them. At about 3 p.m. the usual cold fit set in with pain in the head.

On March 8th, 10 a.m.—*Status*: Rose-coloured elastic swelling round both ankle-joints, most on the outer ankle, which extended over the feet and part of the legs. Red miliary eruption on the neck, chest and arms; pale face with anxious expression; tongue thinly coated white; right hypochondrium and *scrob. cordis* tense and painful when pressed; hepatic region normal; pulse 100, full. Skin hot, with watery sour-smelling perspiration; great thirst; no appetite; urine bright and clear; diarrhœa as before, six stools in twenty-four hours.

Complaining with tears of violent tearing pains in the extremities and back, but worst of all in the feet, aggravated by the least touch; no sleep all night. *Chelid.* 6; six globules every three hours.

10th.—The cold fit and headache did not occur yesterday and the day before. Diarrhœa has ceased; pulse 90. Thirst and heat less. Hypochondrium and *scrob. cordis* soft and painless when pressed; some hours' sleep last night. Urine turbid reddish, with reddish sediment. *Chelid.* as before.

12th.—Redness and swelling of the ankles entirely gone; but the pains not yet. Pulse and temperature of skin normal; sleep good; urine sherry-coloured, clear; sediment yellowish-red; appetite wanting. *Chelid.* as before.

13th.—Left her bed yesterday, eats well, with no further suffering than perspiring easily on moving about in a very warm room.

OBSERVATION II.—Mrs. W—, a shopkeeper at E—, æt. 30, has not menstruated since a premature confinement in November, and suffered now and then all through the winter from pain in the chest and cold feet. To this have been added, the last week, violent pains in the right shoulder, then in the right hip, knee and ankle. These have grown worse up to March 29th, so that she called me in on this day.

The patient cannot move the left foot at all, and complains of shooting pains in the ankle and hollow of the knee. She sits in a great easy chair, to which she has to be carried in the morning. The foot is highly oedematous, especially around the ankle, where the swelling is a little reddened and hard over the inner ankle.

In her fifteenth year she had suffered from rheumatism, when her hands were very much swollen, and she had to keep her bed for six weeks. For several days she has had red ring-shaped confluent spots touching one another, by which the skin seems marbled. Urine red, afterwards turbid, with slimy sediment. Great thirst; continued sleepiness; pale sunken face; cold feel in the extremities; could not get warm in bed with any quantity of covering; the right leg is as if paralysed, and feels as if weights were hung upon it. Periodic fits of tightness and pain in the chest along the sternum. The *scrob. cordis* and right hypochondrium are painful on pressure. Restless sleep; *Chelid.* 6; six globules every three hours.

April 1st.—Since the dose she had had a gentle perspiration with agreeable warmth all over. On March 30th she was able to walk again; on March 31st she planted potatoes. All swelling and pain gone; urine again clear and sherry coloured; thirst gone; she is no longer weary, and her complexion is blooming; she complains only of the sufferings she had all the winter; periodic pains in the sternum and *scrob. cordis*, which last is painful to the touch. After *Chelid.* 6 every three hours these also took their departure in a few days.

17. CUTANEOUS DISEASES.

No other drug shows in its pathogenetic action such various forms of cutaneous inflammation as *Chelid.* Though many of these forms may of themselves seldom be objects of cure, still, in complication with other diseases, it is so far important to attend to them, because they will frequently give the key to the action of *Chelid.* They furnish us with

objective symptoms accessible to sight and feeling, and generally to minute investigation, to the observation of which we are indebted for many surprising cures.

The forms produced by *Chelid.*, we find, correspond with those denominated in pathological treatises as erysipelas, herpes facialis, eczema rubrum, erythema, prurigo, acne, roseola, and rubeola.

We perceive from this that *Chelid.*, in communicating by infection an abnormal constituent to the blood, produces both cutaneous inflammations similar to what we observe in many acute infectious diseases (measles, typhus, malarious fever), and others which we cannot, with Hebra, look upon as pure local skin affections only to be cured by local remedies, but also as the expression of a constitutional malady. Our view is corroborated by physiological experiment, and the observation that such exanthemata not only occur occasionally in the place of other maladies, but also when driven off by external remedies frequently give rise to chronic catarrhal inflammations and neuralgias.

a. Measles.

An eruption similar to this disease was most marked in the case of my wife on the 9th February, after having taken the previous day three drops of mother tincture. She had, the morning before, felt the burning pain like nettles. The following morning the eruption was there, to be sure only on the face, but extending round the ears and under the chin, but not on the forehead. During the proving, on the 10th December, a similar eruption came out; and the same happened to my youngest son on the 14th December. Moreover, the catarrhal fever that precedes measles was shown in my wife's case, on the previous day, by trembling in the limbs, alternate heat in the face with red cheeks and chilliness, &c., and the other signs of catarrh, viz., soreness of nostrils and flow of water from the nose. The inflammation of the eyelids usual in measles can, as the provings show, also be produced by *Chelid.*; and among

the symptoms we find the attendant phenomena of catarrhal inflammation, such as photophobia, lachrymation, increased secretion of the Meibomian glands, feeling of sand in the eyes—weight, burning, pressive swelling on the lids, and pains on touch. It is important that these symptoms were present in the eyes simultaneously with, or a few days before, in the provers that exhibited the measly eruption.

In a malignant epidemic of measles in the spring of 1861, the remedies hitherto recommended did not do what real remedies for the epidemic ought to have done; and I could have obtained better results with *Chelid.*, seeing that the epidemic corresponded exactly with the other symptoms of *Chelid.*, had the early provings only given any ground for the choice of *Chelid.*

b. Erysipelas of the Face.

Erysipelas is hinted at several times in two provers, by red spots on the cheek, gradually growing larger and darker and also elevated. In another female prover, there occurred swelling and redness of the tip of the nose. That, in the proving, the diagnosis should rather have been made of erysipelas than of erythema, we infer from the fact that the redness did not go off under pressure with the finger, and that the red spot was raised.

Dommes relates the following case (*Zeitschrift für wissenschaftliche Therapie*, 3 Bd., 1857, p. 305):—Wilhelmina Möbius, æt. 47, was on the 3rd June attacked by vesicular erysipelas of the face, which she had often had. Called to see her on the 6th June. I found the tongue furred, the taste bitter; the urine acid, brown; the head much confused, the sleep restless. An emetic taken on that day was followed by pains in the feet, and *Magnesia* taken on the 8th by delirium without increase of the stools. *Saltpetre* did no good. On the other hand, *Tinct. Chelid.*, which I prescribed on the 10th, seemed to be the true remedy for the disease; for the very next night the patient slept quietly; the redness was considerably less on the

11th, and on the 16th nothing remained but some weakness.

I have only once had an opportunity of giving *Chelid.* for erysipelas of the face.

Mrs. D—, of N—, a linen-weaver, æt. 48. For a week, pustular erysipelas in the face, with periodical anxiety, tightness of chest and heat of head, restlessness, without sleep or appetite, with mucous, bright-coloured loose stools, and great thirst. She has taken only water. The erysipelas has spread also over the hairy scalp. As the erysipelas declined from the fifth day, so the above-mentioned symptoms increased in intensity. On the ninth day of the disease, the 28th March, I was called to see her in the morning, because she could no longer endure the anxiety, restlessness and heat, and because it was feared that some other fatal disease had associated itself with the erysipelas.

The fit of anxiety was just over when I arrived. During it the patient had talked incoherently, and at my visit she was still composed; voice weak; face covered with scabs, pale, œdematous; scalp very sore at the slightest touch; tongue covered with thick, yellow fur. Pulse 80, weak. *Rhus* 6, every two hours. The patient was delirious all day. The fit of anxiety, which had always been worse in the evening, was worse this morning, and accompanied by great tightness of chest and heat of face. Four diarrhœic slimy stools during the day. At 10 p.m. *Chelid.* 6, every two hours.

March 29th.—The patient had for the first time since her malady slept well, and says she feels quite well. Tongue less thickly furred; no appetite; red, cloudy urine, with slimy sediment. *Chelid.* as before.

30th.—She had only one slimy, bright-coloured, thin stool yesterday. No more aggravation. Slept soundly all night; tongue only yellowish in the centre; urine normal. She had taken some soup, and is delighted at being so quickly cured.

c. Acne.

The eruption on the face which, in addition to the measles-like eruption, I have noticed after *Chelid.*, has its seat in the sebaceous glands, and greatly resembles acne.

A wine-merchant whom I had cured of acne by means of *Ledum*, and who was anxious to make some provings, though I did not consider him a very fit subject, got a few drops of the mother tincture in a glass of water. After taking a few spoonfuls, the eruption broke out in such intensity as to deter him from all further provings. The next day it was gone.

Von Schallern (loc. cit.) saw a young man cured of acne by the use of this drug.

In the third case of cure of hepatic disease I have recorded, the facial eruption disappeared along with the liver disease under the use of *Chelid.*

d. Eczema rubrum.

The eczema rubrum on the scrotum I observed during my son Reinhardt's proving induced me to give *Chelid.* in the following case :

K—, of L—, æt. 73, has suffered for fifteen months from a chronic skin disease round the right ankle. At the very beginning he had used allopathic remedies inwardly and outwardly, by which the eruption was aggravated. Consequently, he had done nothing for more than a year except apply externally the bruised leaves of *Chenopodium bonus Henricus*, which, however, did no good. The leg about the ankle was greatly swollen, hot and red, covered with thin scales, between which moisture exuded. Where the scales came off, the skin was shiny-red and moist. He complained of intolerable itching, and periodical great swelling and inflammation. I gave him *Sulphur* 15, to take several doses a week. In four weeks no change had followed the use of

this medicine ; and considering the patient's advanced age, I did not think a cure possible. But as quite a similar eczema had come out on my son's scrotum during his proving of *Chelid.*, I gave him on the 20th December *Chelid.* 6, six globules to be taken every night. After taking this medicine for a few days, the swelling, redness, heat, and discharge ceased, and the tiresome itching went off. From this time he had thirst, which he had never felt during the whole course of the disease, and which still (end of January) continues. He has had no return of the disease. Where the eruption was, are a few thin pale scales, beneath which the skin seems healthy. No change in his good health has occurred.

e. Ulcers.

I shall give the complete report of a very interesting case showing the excellent effects of *Chelid.* in *ulcers*. It is from the pen of Kunzmann, of Berlin (*Hufeland's Journal*, xxxvi, vi, 104).

Wilhelmina I—, the wife of a poor weaver, æt. 25, who had easily passed through the ordinary children's diseases, and with that exception had never been ill, except that several years ago she had had the itch, which, however, was soon removed by *Sulphur* externally and internally, and had left no trace ; had a boy child in 1808, whom she suckled for ten weeks, when he died. A week after her confinement, in spite of her weakness, she went into the fields to dig potatoes, over-exerted herself, and in the cold weather then prevailing contracted tearing pains in the left side of the head, most violent at night and giving her no rest. The pains seemed to her to proceed from the teeth, by the extraction of which she hoped to get rid of them ; so she had the teeth of the affected side drawn one after the other, and in a few months she had not a single tooth on that side. Still the pains on that side did not diminish, but continued with the same violence.

In the spring of 1809, a swelling appeared on the mastoid

process behind the left ear, in which she experienced pains not nearly so severe as before. She used an ointment a surgeon gave her, the composition of which she did not know, and this she rubbed in frequently during the day. After some time the swelling inflamed, and several small ulcers formed on it which ran together and formed a large shallow ulcer, whence a thin reddish discharge flowed. Many remedies prescribed by good friends were used for the ulcer, but all in vain; every remedy employed externally increased the pains; the ulcer spread farther and farther around, and when it had at last taken in the whole of the left side of the neck, the left arm to below the deltoid muscle, began to spread over the breast, and the pains again set in, she sought advice in earnest, and came to me in July, 1810, a year after the commencement of her ailments. The ulcer was shallow, had a lardaceous appearance, bled easily, and secreted a very fetid ichorous discharge.

The part where the ulcer had commenced had, as the cicatrices showed, grown smaller, but was not entirely closed. That the woman's general health had not suffered, I ascribed to her cheerful, happy, active disposition, and that of her husband, combined with a mutual sympathy, such as are seldom met with among this class of people. Excepting the pains caused by the ulcer, she was quite well; and this was the more extraordinary, as she lived in a close, damp cellar.

The excellent health of the patient led me to confine my treatment to mere local measures. I dressed the ulcer with a mixture of white precipitate and simple ointment; but the great increase of pain that followed this application induced me speedily to abandon local remedies, and to use a dressing of simple ointment only. Besides, I learned that the external remedies formerly employed, some of which were very powerful, had always increased the pains, and done nothing towards the cure. I now relied on internal remedies alone. But it was in vain that I gave *Calomel* to ptyalism; equally useless were *Corrosive Sublimate*, *Antimony* in various forms, *Guaiac*, *Aconite*, *Dulcamara*,

and other remedies which I gave one after the other for nine months. The ulcer always crept slowly on, so that in the spring of 1811 it involved the greater part of the right upper arm. Here and there spots on the chest seemed to have been spared; and there the skin had its natural colour, and showed not a trace of inflammation. Careful examination, however, showed that the ulcer had burrowed sinuses beneath these spots, so that the whole was in immediate connection. Still, in no place did the ulcer extend as far down as the muscles; its seat seemed to be in the adipose tissue, and it constantly exuded a large quantity of very fetid discharge.

The pains, in proportion to the size of the ulcer, were not great, and only were severely felt when the parts involved in the ulcer were moved.

The size of the ulcer, and especially the circumstance that it embraced the shoulders and both axillæ, prevented the woman sharing her husband's labours; hence the means of support diminished, the happy cheerful disposition of these two good people disappeared, and, in order to obtain the means of existence, one article of furniture after another that could have afforded some comfort to the patient, and even the bed, had to be sold.

This, in connection with the prolonged sufferings and the daily loss of vital juices, at length brought on a general bad state of health, which in the spring assumed the form of hectic fever. I now confined myself to the use of stimulating and tonic remedies; and as these had no effect, I despaired of curing the unhappy woman, and dreaded the complete ruin of this family, seeing that the husband, who could not procure the necessaries of life even by working at night, began to get ill, lost flesh, and fell into a febrile state.

In July, 1811, I accidentally learnt in the Medico-Chirurgical Society founded here by Dr. Hufeland, on the occasion of a consultation held on a patient suffering from tumours and an eruption on the face, the wonderful effects of the freshly expressed juice of the *Chelidonium majus* in many eruptive diseases depending chiefly on disorganization of the

skin. At once it struck me to try it in the case of my unhappy patient. I discontinued all other medicine, and from the 11th July only gave her the juice of *Chelid.*, sixty drops three times a day.

In order to prevent it spoiling I added a drachm of alcohol to each ounce. I gradually increased the dose, so that after six weeks the patient took half a tablespoonful three times a day. In a fortnight the ulcer assumed a healthier character: granulations appeared; the discharge lost its bad smell, and became more purulent; the patches of skin that had till now appeared healthy, especially on the chest, became detached, and hung down in large flaps, so that they could be easily cut off with the scissors. The cure went on, and by the end of September the whole was healed up with the exception of a trifling remnant. Thus, on the right side of the shoulder there was an ulcer the size of a fourpenny bit, and another on the left axilla about half an inch in diameter.

At this season the fresh juice of the plant could not be procured, and I had to resort to the extract of *Chelid.*, of which I gave two drachms dissolved in 4 oz. of balm-water, a tablespoonful to be taken four times a day. *This dose caused loss of appetite, nausea, pressure on the præcordia; the wounds ceased to discharge good pus, but an acrid lymph exuded:* but all this went off on leaving off the medicine for a few days, and then giving a tablespoonful twice a day only. By continuing the medicine in this dose, complete cicatrization was effected by the end of February. *The extract was not nearly so efficacious as the freshly expressed juice.*

The healing of the ulcer went on very slowly, as is evident from the above account; and had it been possible to continue the use of the freshly expressed juice, it is certain, from the good effects that followed its use, that the cicatrization would have taken place several months sooner.

However, while taking the fresh juice, the hectic fever had disappeared since the summer of the past year without employing any particular remedy for it: from that period

the patient had gained flesh, her cheerful active mind had returned, and she still enjoys uninterrupted health.

The question arises, How can we explain the favorable action of the *Chelid.* in the above case?

It is evident that Kunzmann would not have mentioned the previous occurrence of a neuralgia of the same side when describing the ulcer, unless he had taken for granted a connection between the two.

Increased action of the corresponding trophic and vasomotor nerves, which show themselves by hyperæmias, erythema, eczema, urticaria, pemphigus, and even hypertrophies (Romberg), are so often regarded as reflex actions of the irritated sensitive nerves, that we may look on the neuralgia of the trigeminus in this case as the cause of the ulcer, and refer the favorable action of the *Chelid.* to its influence on the fifth pair, as shown in its proving.

18. INJURIES.

It is doubtful if we ought to put a new remedy on a level with *Arnica*, which is so efficient in injuries. Still, the symptoms resembling those caused by injuries are more numerous in *Chelid.* than in *Arnica*, as will be seen in the following list, in which the special indications for injuries are shown :

The parts of the body affected by *Chelid.* are painful :

As from burns, 461, 1273.

Like burning in a wound, 183.

As if crushed, 188, 466.

As if torn or torn out, 383, 604, 622, 850.

As after a false step, 1421.

As if broken, 1163, 1209, 1210, 1211, 1243, 1244, 1376.

As if swollen, 594, 600, 1007, 1008, 1009, 1341.

As if dislocated, 1201, 1211, 1244, 1380.

As if torn out of place, 1166, 1189.

As if bruised, 15, 1149, 1182, 1193, 1213, 1239, 1326, 1327, 1328.

As if cut with knives, 835.

As if wounded, 326, 354, 377, 519, 1096, 1137, 1187, 1367, 1384.

As if beaten, 280, 314, 557, 917, 1320, 1346, 1349, 1855, 1358, 1446, 1454.

Like an ulcer, 593, 594.

As after over-exertion, 15, 1183, 1348, 1435.

On rising up and sitting up, 1184, 1344.

On being touched, 35, 326, 327, 408, 558, 1096, 1137, 1490, 1208, 1263, 1327.

On moving (turning, bending), 35, 377, 382, 405, 407, 995, 1132, 1136, 1149, 1165, 1167, 1187, 1188, 1194, 1213, 1226, 1238, 1253, 1257, 1261, 1375, 1387.

On lying upon it, 923.

On pressure, 919, 1165, 1187, 1188, 1367, 1410.

When walking, 331, 921, 1327, 1428.

At every step, 1425, 1441.

On speaking, 1143, 1253, 1261, 1293, 1330, 1388, 1440.

By its other properties *Chelid.* may be fitted to allay traumatic fever, and prevent the spread of the local inflammation, erysipelas, tetanus, and gangrene. At all events, we should feel disposed to employ it externally and internally in cases where no improvement takes place after *Arnica*, and when the latter cannot be borne externally, especially as some French medical men, as we have already stated, found it in practice more efficacious than *Arnica*.

I have seen rapid relief in neuralgia, connected with injuries.

PUBLIC DEAD-HOUSES.

THE outcry made by the periodical press in reference to the shameful treatment of the sick poor in the workhouse infirmaries, has had the good effect of stirring up the governing powers to do something by way of mitigating the evils complained of. The scheme brought forward by Mr.

Gathorne Hardy, the chief of the Poor Law Board, for removing the sick from the workhouse, and placing them under different and more suitable management, is a great improvement on the old system of mixing up healthy paupers with the infirm, sick and insane in one building, and often in one ward, not adapted for the reception of any of the latter classes. We accept with thankfulness this small instalment of many and much-needed reforms in the treatment of the poor and helpless classes of the community.

Much, however, still remains to be done ere those who have seriously pondered over the matter can feel satisfied that our social structure rests on a healthy basis in its lower layers.

When, on the one hand, we look at the appalling misery that abounds in our towns—the multitudes of the dangerous classes—city Arabs, thieves, prostitutes, and beggars—the crime and profligacy—the enormous infant mortality, much of which is well known to be due to infanticide, if not always by direct violence, yet by what amounts to the same thing, and is even less merciful to the victims, wilful neglect; and when, on the other hand, we listen to the complaints about the difficulty of procuring soldiers for the army, sailors for our navy and mercantile marine, and wives for our colonists all over the world;—we cannot help wishing to see realized some large-minded plan of increasing the latter category at the expense of the former. What would be required to bring about this desirable result? Lying-in hospitals in every town, where poor women—married or not—might get safely over their confinement; foundling hospitals (infant asylums, they might be more appropriately termed), where their infants might be received should they be unable or unwilling to rear them; educational establishments for these children, where they might be trained up to be good soldiers, sailors, and colonists' wives. No objection can be made to the principle of such a plan, for it is already practised under the most respectable patronage in a peddling way by means of private charity, with its lying-in hospitals, foundling hospital, asylums,

refuges, industrial homes, and reformatory establishments—all supported by voluntary contributions. But the evil is too gigantic, the remedy too difficult, to be left to the spasmodic efforts of amateur philanthropists. This is a case for State interference and direction. Private benevolence is often so ill-directed or so ill-administered, that it is apt to do more harm than good; at best, it seems to us like Mrs. Partington's mop against the Atlantic wave. The practical effect of all these asylums, refuges, hospitals, and homes on the dangerous classes is inappreciable, and the number of useful members of society they turn out is wholly disproportioned to the fuss made about them, the money they cost, and the self-laudations of their projectors.

As private efforts can never redress a tithe of these evils accumulated around us by the neglect of centuries, we ought to look to the State to adopt some really adequate means for liberating us from the dead-lock that threatens soon to overtake us, owing to the steady increase of our dangerous, and the equally steady decrease of our useful classes.

But all this is beside the subject we would at present call attention to. The establishment of dead-houses for the reception of the corpses of the relatives and friends of those who have no room for them at home, seems to be but a small matter, and yet it is one that greatly concerns the health and comfort of the poor; and as it has never been even incidentally alluded to in the recent discussions on the wants of the poor and the shortcomings of the parochial authorities, we think a few words about it at the present moment may not be ill-timed.

Those in the habit of going among the poor have often felt how desirable it would be, were there any means of separating the dead from the living without doing violence to the feelings of the survivors. In London, and in most large towns where house-room is scarce, every room in an ordinary lodging-house is the sole apartment of a whole family. How contrary to all rules and conditions of health, decency, and often morality, such an arrangement is, need scarcely be said. When a member of such a family

dies, for want of any separate accommodation the corpse is kept in the room inhabited by the remainder of the family, who must live, eat, and sleep with the ghastly object for ever beside them. Poor families, even the very poorest of them, belong to some burial-club, by which they are provided with funds for the funeral of those of their members who die; and in some cases the undertaker will, for a consideration, remove the corpse from the abode of the living to his own premises, and keep it there until the day of the burial. But many families will not consent to the removal of the corpse from the room, but prefer to keep it often until it is in an advanced stage of decomposition. The undertaker, too, where payment is uncertain, frequently keeps the lid until he is paid, which is very often at the last moment.

In the case of persons too poor to pay any funeral expenses, the parochial authorities will remove the corpse to the workhouse dead-house, and bury it at the expense of the parish. But this is what even the very poorest will strain every nerve to avoid. They will rather pledge their clothes and furniture, or contract debt which it will hamper them greatly to repay, than allow their deceased relatives to be buried by the parish. It seems to be with them a point of honour not to allow the parish to dispose of their dead, and perhaps the fear of the corpse being used for anatomical purposes has much to do with their repugnance. That this repugnance to parochial burial exists, and is not to be overcome, we have been repeatedly assured.

Thus, then, stands the case. In many instances a corpse is kept in the midst of a family for a week or ten days, or longer, it may be an object of horror in some cases, or in most, we apprehend, simply one of disgust. The sanctity which we are sentimental enough to think should attend death is inevitably violated and lost by the constant presence of the corpse. The decomposition which often rapidly follows, poisons the atmosphere, and spreads disease, and perhaps death, around. The remains of the once-dear ones become a simple nuisance, and the memories connected with their last appearance must ever after cause a thrill of disgust among the survivors.

The subject of providing dead-houses for the poor has recently engaged the attention of some ladies in London interested in their welfare, and in the habit of visiting among them ; and we have before us a plan drawn up by these ladies for mitigating the evils attending the presence of the dead in rooms occupied by the living, which we have endeavoured to point out above. In many respects the plan proposed by these ladies appears to us calculated to do away with these evils, and with a few modifications, we think it might be at once carried out in all large towns.

Houses or chambers specially set apart for the reception of the dead should be provided in every district of the town, so that the survivors might not be far separated from their dead relatives. Every facility should be given them to see their dead, while at the same time the visits of the merely curious should be prevented.

The house or chamber used for this purpose should be partitioned off into separate compartments, so that, in fact, the privacy of a separate chamber should be maintained for every corpse—an arrangement which could not fail to be acceptable to the feelings of the survivors. Each compartment being numbered, and a ticket being given to the friends, they would know at once where to go to visit their dead, and could do so with as much privacy as if the corpse lay in a private apartment of their own.

By having the dead-house in their own district, by affording every facility for the frequent visits of relatives, and by the system of a separate compartment for each corpse, the prejudices the poor might otherwise entertain against the removal of their dead would be in great measure overcome, and their fear that the bodies might be used for dissection or experiment would be dissipated. Their own undertakers would provide the coffins, arrange for the funeral, and fasten down the lid at the proper time : for we are supposing that these dead-houses are for the convenience of those poor people who are willing to bury their own dead. For those unable to meet any funeral expenses, the parish burial and the workhouse dead-house exist. At the same time, the accommodation in the dead-houses we have described should

be wholly free of charge ; for, as will presently be seen, it is proposed to make the use of them in many cases compulsory.

A parish or district inspector should be appointed, whose duty it should be, on hearing from the registrar of a death in his district or parish, to ascertain if the family among whom the death has occurred are able to provide a separate room for the corpse to lie in until its removal for burial. Should the inspector find that the family possess but one room, and have consequently no separate locality for keeping the corpse apart from the living tenants of the room, he should be empowered to enforce and superintend the removal of the body to the dead-house ; and in cases where the accommodation is not so limited as in the case we have supposed, but where the occupation of a room by the corpse would cause inconvenience and crowding, he should recommend its removal to the dead-house. In every case, however, where the living must occupy the room where the dead is laid, the inspector should have the power to enforce the removal of the corpse.

Possibly some prejudices on the part of the poor might at first interfere with the successful working of this plan ; but we believe it would soon be hailed as a great boon by those chiefly affected by it, and there is no question but that it would conduce much to the health and decency of the living were the dead to be speedily removed from their midst.

The idea of public dead-houses is not a new or untried one, for in many continental cities it has already been adopted for many years ; and though the arrangements in those we have visited are generally of too public a character to suit the tastes and prejudices of our countrymen, we believe that many useful hints might be gathered from them for such institutions in this country. Nor has the experiment been altogether untried amongst ourselves. There is in London, in connection with All Saints' Church, Margaret Street, a dead-house for the poor. The district is small, but there are at times as many as three corpses at once in the chapel set aside for this purpose. No charge

is made, and relatives and friends have permission to see the corpse daily. The undertaker usually removes the body to the house of the friends on the morning of the funeral; and in no instance has any desire been shown to evade the burial expenses, or leave the corpse for an inconvenient length of time. Of course, the fact of this dead-house being in connection with a not very popular section of the Church of England would naturally deter many from availing themselves of it who would not object to a dead-house unconnected with a religious sect; still, the circumstance that it is so frequently had recourse to by the poor is a guarantee that they have no invincible prejudice against such an establishment.

That no attempt has ever been made to evade the funeral expenses, removes from the mind the objection that might occur to some, that the poor would take the corpses of their friends there, and leave the burden of the funeral expenses to be defrayed by the parish authorities.

In order effectually to guard against this danger, it would be easy to contrive some plan whereby the relatives of the deceased might give a guarantee for the performance of the funeral ceremony at their own cost, and by their own undertaker; otherwise the body would not be received into the dead-house, but handed over to the workhouse to be buried after the manner of paupers; or, in case of non-fulfilment of the contract within a reasonable time, the corpse might be sent to the anatomical schools for dissection. But it is scarcely fair to the poor to suppose that such a threat would be necessary, as they are, almost without exception, only too willing to incur the expense of decently burying their friends and relatives.

DR. RUTHERFURD RUSSELL.

ALMOST at the moment of the publication of our last number, the sad duty devolved on us of announcing the death of Dr. John Rutherford Russell. We added a few words conveying our sense of the loss which British Homœopathy had sustained in this event, and our sense also of those fine and varied qualities of mind and character which had given Dr. Russell the high place he held, not only in the regards of the specially Homœopathic world, but also in the affection and esteem of all who in any way had come to know him. Some more extended memoir of our friend may, however, still seem due, and more particularly in the pages of this Journal, to which he was so largely a contributor, and with the early history of which he was so intimately associated. In this memoir we shall not restrict ourselves to his connections only with Homœopathy.

John Rutherford Russell was born in St. Andrew Square, Edinburgh, on the 28th of April, 1816. He was the son of James Russell, who was Professor of Clinical Surgery in the University of Edinburgh, from the institution of the Chair in 1803 till 1833, and who was the son of a prior James Russell, who held the Chair of Natural Philosophy in the same University from 1764 to 1774, when he was succeeded by Robison. Thus belonging to a family of traditional academic repute in Edinburgh, and connected also, through his mother, who was of the Liddesdale family of the Olivers, with a circle of other relatives spread from Edinburgh to the Scottish border, young Russell grew up with every advantage. He was the youngest of a large family of brothers and sisters, of whom some survive, and, though never very robust, was a lively child, of docile and affectionate manners. Among the recollections of his boyhood may have been the appearance of Sir Walter Scott, who was a frequent visitor at his father's house, and who was, indeed, a relation of his mother by some distant Scotch cousinship. It was the

custom of the family to pass the summers, not in Edinburgh, but at a villa out of town, within a few minutes' walk of the Firth of Forth, and the sight of the sun setting behind the Highland hills. In the vacations, also, there were visits of Russell and his brothers to Roxburghshire, and other parts of the Border. Hence, in his case, through his whole life, a greater familiarity with country objects and pursuits, and a greater love of such, than belong generally to those who have been born and bred in a town.

Educated at the newly-founded Edinburgh Academy—the very first class of which he entered in 1824, when that institution, since so celebrated, was yet an experiment under its first Rector, Archdeacon Williams—Russell proceeded thence, in due time, to the University. Having gone through the ordinary course there in the classes of Arts, and having chosen the medical profession, he attended the various medical classes. His father had, meanwhile, been succeeded in the Chair of Clinical Surgery by Professor Syme; and among the other professors, keeping up the high reputation of the medical faculty in Edinburgh, were Alison, Monro, Hope, Jameson, Christison, and Sir Charles Bell. With the last, while he lived, his pupil was on terms of intimate personal friendship. Out of the University, too, there were the important “extra-mural” classes on various medical subjects, then presided over by such distinguished teachers as Sharpey and Fletcher. Russell was a pupil of both. Among his fellow-students in the University and in the extra-mural classes was a cluster of young men, then already of brilliant promise, whose subsequent careers in the profession of medicine, and in different departments of natural science, have reflected honour on the Edinburgh of their early life. For it was the period of Edward Forbes's well-remembered studentship there, when there were gathered round him so many kindred spirits to partake of his enthusiasm then, and to rise with him afterwards, in their different ways, into the view of a wider community. Among the companions of this period with whom Russell formed the closest, and, as it proved, the most lasting intimacy, may be mentioned Dr. John Drysdale, now of Liverpool, Dr. Francis Black, now of

Clifton, and the late Dr. Samuel Brown. How far this close intimacy of these friends from the time of their medical studentship may have been caused by any presentiment of their future agreement in Homœopathy, is not known to the present writer. Homœopathy had hardly been more than heard of in the Edinburgh of those days; and, though the friends subsequently traced their tendency in that direction to some of the pathological speculations of their favorite teacher, Fletcher, and even to respectful allusions to Continental Homœopathy in some of his lectures, it does not appear that they had, as yet, detached themselves from the body of their fellow-students on any such principle. When Russell graduated M.D. in 1838, there seems to have been no known probability that he would engage in a system of medical practice at variance with that to which his antecedents and the traditions of his father's long medical eminence in Edinburgh might be supposed to have pledged him. The subject of his Inaugural Dissertation on that occasion was, *The Respiratory System of Nerves considered as the Vehicle of General Sympathy*. On being published, it was dedicated, in terms of much attachment, to Sir Charles Bell.

Before beginning practice as a physician, Dr. Russell spent three years, or at least large portions of three successive years, in travelling and residing abroad. Immediately after taking his degree, he joined an elder brother in a tour in Italy and through parts of Germany; and it was then, and chiefly at Munich, that he laid the foundation of that knowledge of German of which he availed himself so largely afterwards, not only for professional reading, but also for general culture. After his return from this tour, he was for some time in Dublin, engaged in medical studies. In the winter of 1839-40 he accompanied a sister, who was ill, to Madeira; and his stay in that beautiful island furnished him with recollections both of peculiarly fascinating scenery, and of a select society of persons, on which in after times he would often dwell. It was at Funchal that he first became acquainted with his fellow-townsmen, Mr. Ross, now the Rev. Alexander Ross,

then in Madeira on a visit to some relatives; and we have before us at this moment an interesting memorial of the formation, in such circumstances, of this friendship between two young men, both from Edinburgh, but who had chanced to be first thrown together familiarly in the far-away Portuguese island of vines and palms. It is the first, and only, number of a roughly-printed magazine, in a blue cover, entitled *The Stranger*, and dated, "Funchal: January, 1840." It was thought, apparently, that it might be an amusement to the little colony of British invalids in Madeira to have an English periodical of their own, to be kept up by contributions from among themselves, or from friends on visits to them; and Mr. Ross and others had resolved to make the experiment. The task of getting a sheet or two of English to press, where there was no printing but Portuguese, proved hopeless; it took months to set in type what might be perused in a day; but, by vast effort, one number was brought out. It consists of a sheet and a half of short prose papers, with pieces of verse interspersed—the chief prose article being one on "Charles Dickens." There is a fine spirit throughout—for the most part pensive, as might be expected in a little colony of exiles whose very recreations were a play with death, for the chance of either a postponed grave, amid others, where they were, or a return once more to England and home. Among the pieces of verse are two by Russell. One is an address to a famous fossil tree, which had been found some years before in Craighleith quarry, near Edinburgh, and of which, by some means or other, he had come to think poetically, amid the sight of other living trees as strange, in Madeira. It begins:

Long-buried mass! how strange appears
 The cone-set top thy summit rears,
 As through the veil of ancient years
 Fancy beholds thee live once more,
 Rehangs thy blossoms as before,
 And once again reweaves
 Thy glossy robe of leaves!

The other piece is a "Farewell to Madeira." Here is the first stanza:

Land of promise, hope, and gladness !
Land of sorrow, pain, and sadness !
Calm haven for the shattered bark !
Still twilight for life's lingering spark !
Madeira, fare thee well !

But for Russell, not an invalid himself, but only a visitor to the balmy island, harder work was at hand than pensive poetry in it or about it. While he was in Madeira, his friend Dr. Drysdale had gone to Germany, taking with him the manuscripts of Fletcher's lectures, the task of editing which had been entrusted to him by Fletcher's widow. While in Germany Dr. Drysdale had begun seriously to study that Homœopathic system to the scrutiny of which indications, more or less distinct, in Fletcher had seemed to point the way. His own convictions on the subject having been formed, he wrote to Russell, asking him to come to Germany, to join him in editing Fletcher's lectures, and in studying Homœopathy. Accordingly, not long after Russell had returned to Edinburgh from Madeira, he set off for Leipsic, where Drysdale then was. The autumn of 1840 was spent by the two friends in Leipsic, studying under Dr. Noack ; they then went together to Berlin ; and afterwards to Vienna, where they passed the winter of 1840-41, in attendance on the Homœopathic Hospital, under Dr. Fleischmann, and the General Hospital, under Skoda and Rokitansky. Russell remained in Vienna some time after Dr. Drysdale, and did not return till the middle of 1841. By that time he had embraced Homœopathy decidedly and finally, and resolved, with his friends Drysdale and Black, to practise according to the Homœopathic system. It would be wrong, however, to suppose that all that Russell brought back with him from Germany was a determination to Homœopathy in his own case, and an acquaintance with Homœopathic literature, Homœopathic practitioners of note, and the recent history of Homœopathy on the Continent. Always of most tolerant and sociable temper, full of sweet humour, and inquisitive into matters of literary and general intellectual interest, he could be nowhere for any length of time without coming in contact with whatever was high or curious round about him,

and so extending at once his knowledge and the range of his tastes and likings. Hence he brought back from Germany, in addition to all that was specially Homœopathic, an amount of acquaintance with persons, books, and things which made him a delightful and instructive companion to many who had no particular care for Homœopathy, or even jocosely made Homœopathy, in Russell's own presence, the only exception to their agreement with so accomplished and amiable a man. It was pleasant, for example, for one, to whom Goethe was but a distant presence, known through reading, to hear Russell, in talking of him, bring him nearer by telling of his own acquaintance, in Vienna, with Goethe's daughter-in-law, who was so much with the sage in his last years. And his conversation, to the end, was full of reminiscences of this kind. To a character naturally suave and urbane, his early travel abroad, and his familiarity with German society, had imparted a certain cosmopolitan readiness and self-possession.

Dr. Drysdale having settled in Liverpool, it devolved on Drs. Russell and Black to be the pioneers of Homœopathy in Edinburgh. They had resolved, simultaneously but independently, in beginning practice, not to keep to themselves their difference from the established system, and only let it gradually appear, as some might have suggested to be the prudent course, but openly to avow it at once, that their patients might be under no mistake as to the novelty of the principle on which they were to be treated. In setting up, in October, 1841, a dispensary for the poor, in the suburb of Stockbridge, they caused a sign to be put over it bearing the strange name, "The Homœopathic Dispensary;" and for a time, both in that neighbourhood and among those in other neighbourhoods who came to them there for advice and medicines, they were known, superstitiously as "the French Doctors." They persevered; a practice grew around each; others in Edinburgh, either already in the profession, or in course of training for it, were drawn to their side; and there came, chiefly by their means, to be a little Edinburgh school of Homœopathy, from which missionaries duly qualified were sent, one after

another, into other towns of Scotland and England. To the energy of the resident Edinburgh School, indeed, in correspondence as its members were with their fellow-homœopathists in London and elsewhere, most of whom were at any rate Edinburgh graduates, the adequate literary representation of Homœopathy in Britain was, for many years, in no small measure owing. *The British Journal of Homœopathy*, published from the first in London, was started in 1843 under the joint-editorship of Drs. Russell, Drysdale, and Black. Dr. Black only contributed to the editing of the first volume. The two others were joined by Dr. Dudgeon in 1846; and they continued to be joint-editors till 1858, when Dr. Russell resigned his connexion with the Journal as editor, though he still remained an occasional contributor.

Dr. Russell's period of medical practice in Edinburgh extended from 1841 to 1852, or from his twenty-fifth to his thirty-sixth year. During the first four years of this period, being still unmarried, he lived in his mother's house in Rutland Square. In 1845 he married Miss Renny, daughter of William Renny, Esq., a solicitor in Edinburgh, and proprietor of Danevale, Galloway; after which he resided successively in Stafford Street, Heriot Row, and Queen Street.

The routine of a physician's life, abundant as it may be in experience which his own pen can turn to account in technical papers during his life, presents little that it can be of interest to relate in a biographic sketch like this. Nor is it our care to recover the incidents that might be of special interest in the professional life of a *Homœopathic* physician at the time now in question—the inevitable controversies on behalf of his system with the profession in general, or the little personal passages-at-arms with this or that eminent opponent to which peculiar turns of such controversies might give occasion. Suffice it to say that Dr. Russell took his share in such polemics, always chivalrously and with courage, but never in such a way that even the most determined opponents of Homœopathy could question his sincerity, or, if they knew him, lose their liking for him. The following list of his chief contributions to the *British*

Journal of Homœopathy from 1843 to 1852 inclusively, and of his independent publications of a medical kind during the same time, may serve as a record of his activity in the literature of his profession, whether pure or controversial, during the eleven years of his Edinburgh practice :

I. Contributions to the *British Journal of Homœopathy*—

Sketch of the Origin and Progress of Homœopathy. Vol. I.

Homœopathy *via* Young Physic. Vol. V.

The Asiatic Cholera in Edinburgh. Vol. VII.

On Psora. Vol. IX.

On the Poison of the Cobra. Vol. IX.

Address at the Second Homœopathic Congress. Vol. IX.

II. Independent medical publications—

Introduction to the Study of Homœopathy, in conjunction with Dr. Drysdale. 1845.

A Treatise on Epidemic Cholera. 1849.

Homœopathy in 1851.

But Dr. Russell's eleven years of residence as a physician in his native Edinburgh have left impressions on some who then knew him that cannot be represented by any such mere inventory of his Homœopathic writings. They remember him as then in his youth, the warm, kind, and ever genial friend, whom it was a daily delight to meet, and who, in whatever company he was, radiated round him his own sunniness of nature. In particular, there were then in Edinburgh, either permanently or frequently, a few friends, known to each other and to Russell, who formed a kind of group in the midst of the more general society of the city—meeting together often, and having common tastes and topics quite away from Homœopathy or from medicine of any kind. Mr. Francis Russell, the elder brother of Dr. Russell, then an advocate in Edinburgh, now sheriff-substitute of Roxburghshire, was one of this group; Dr. Samuel Brown was another; Mr. David Masson was a third; and a fourth was Agostino Ruffini, an Italian exile then residing in Edinburgh, and a man of such singular gifts and beauty of character, not to speak of the picturesque and mournful incidents of his prior history, as

to fascinate and impress all who came near him. There were still others and others of the group, for it fluctuated with accidents of removal or the like; and, while it might claim as belonging to it some seniors of public note in the city, such as Mr. John Hunter, of Craigcrook, it received accessions from time to time in visitors from other parts of Scotland, such as Mr., now Professor Bain, of Aberdeen. Dead or scattered the members of this group now, and perhaps the chief of them dead; but among those who survive there are recollections of that as a pleasant time. There would be meetings of some of the group all but daily; walks of two or three of them together about the suburbs of Edinburgh, or little railway excursions on Saturday afternoons; occasional dinings together at some country inn; and, not unfrequently, evenings when Russell himself was the hospitable host, and there would be the additional pleasure of seeing at his table some eminent stranger that chanced to be in town, were it Tholuck, the German theologian, or the late lamented Alexander J. Scott, or even the poet Tennyson. For the physician in Russell was merged to a great extent in his vivid interest in literature, poetry, religious speculation, and all kinds of general culture. He was never happier than when in the midst of a conversation of high intellectual aim, dashed, as much as might be, with humour and anecdote. He had himself a store of anecdotes, and a rich vein of humour, which enlivened, without degrading, the kind of talk of which he was fondest. This consisted usually in the pursuit and quaint development of some speculative idea that had dawned upon him out of some hint in a book, or the discussion of some graphic biography he had been reading, and which had given him a new portrait of somebody or other, or the repetition, for enjoyment in common, of some favourite passage of verse. He read widely, and with a very versatile power of enjoyment; and in the heart of all his practical zeal for the system of medicine which he had adopted, and all his kindly assiduity in the duties of his profession, one could detect much of the character that goes to make rather the pure theorist,

humourist, and lover of letters. It is a safe guess that he must have continued to write verses of his own under the rose; and among anonymous writings of a purely literary kind, which he contributed to periodicals during this period, two may be identified which appeared in *Lowe's Edinburgh Magazine*, a periodical of much promise, begun under his brother's editorship, but which lasted but a year or two. To the first number of that periodical, published in January, 1846, Dr. Russell contributed an article on *The Life and Works of Jean Paul Richter*, and to the sixth number, published in June of the same year, an article entitled *Novels by the Countess Hahn-Hahn*. Always an early riser, Dr. Russell easily found time for such additions to his professional writings and business.

Before the year 1852, although Dr. Black had in the meantime removed to Clifton, there were several other Homœopathic physicians in Edinburgh in addition to Dr. Russell, and among these Professor Henderson. In that year, accordingly, Dr. Russell left Edinburgh for England, shortly after the death of his first wife, who had left him with three young daughters. He settled in Leamington in 1853, in which year he married his second wife, Miss Maxwell, daughter of Sir David Maxwell, of Cardoness, Bart. He remained in practice as a Homœopathic physician in Leamington six years in all, or from 1852 to 1858. There is little else to record of this period. Detached from the associations of his native city, Dr. Russell must have had to go through the trying work of forming a new professional connexion amid new scenes and a new society in the very middle of England. There was, however, something naturally English in his disposition—an affinity with things English, rather than the hardness and ruggedness often attributed to the Scotch—which, in his case, must have helped to make the naturalisation easy. The present writer remembers, at all events, two or three visits he paid to Dr. Russell at Leamington, when, in his company and with him as a genial guide, already at home amid the scenery and circumstances of the place, acquaintance was made not only with the airy and elegant town itself, but with the rich country around,

so famous in mid-English legend and history. There were walks to picturesque old Warwick and about it and beyond it, with looks at the Castle inside and outside. By fields and lanes, amid plenty of Warwickshire elms and other trees, and past old English mills, ensconced whitely in quaint hollows on the Avon, and whose wheels seemed to have been going for centuries, we made our way to Guy's Cliff, to Piers Gaveston's beheading-place, and I know not what wonders besides; and, English though it was, he knew it all well, had connected his sympathies with it all, and was our cicerone most exactly and lovingly. Above all, and never to be forgotten, was our trip to the neighbouring Stratford-on-Avon, to enter together the house where Shakespeare was born, survey the quiet streets which Shakespeare had known, fancy him in the path leading to Shottery, and do reverence to his tomb in the ancient church.

The Dr. Russell of Leamington, so much nearer to London by his removal thither, and so much nearer also to some of his medical brethren out of London—Dr. Black, of Clifton, and Dr. Ker, of Cheltenham, among them—was not less known, of course, in the British Homœopathic world than had been the Dr. Russell of Edinburgh. Of his more public appearances in this relation during his stay at Leamington, the following list of his contributions to medical literature in those years may serve as a memorandum :

Contributions to the *British Journal of Homœopathy*—

- On Mesmerism. Vol. X.
- The Skin and its Diseases. Vol. X.
- On the Poison of the Naja Tripudians. Vols. XI and XII.
- On the Water Cure. Vol. XI.
- On some Affections of the Heart. Vol. XII.
- On Diet. Vol. XIII.
- On some Affections of Certain Nerves. Vol. XIV.
- On some Diseases of the Central Nervous System. Vol. XIV.
- Novelties about the Liver. Vol. XV.
- On Digestion. Vol. XV.
- On some Lesions of the Nervous Centres. Vol. XV.

Naturally, London was the destination of a man like

Dr. Russell. He had looked forward for some time to this possibility, but it was not till 1858, when he was forty-two years of age, that he made the change. Leaving Leamington for London in that year, he took up his residence with his family first in Harley Street. Here he remained till 1865, when he removed to his last residence in Clarges Street, Mayfair.

From his first arrival in London, Dr. Russell took the place among his brother Homœopathists of the metropolis to which his reputation and his long services in their common cause entitled him. He was elected physician to the London Homœopathic Hospital, founded in 1849, and recently removed to Great Ormond Street—an institution to the interests of which, and to the promotion of Homœopathy in connexion with it, he devoted himself most assiduously during the rest of his life, not only in his practical capacity in the hospital, but also in the capacity, for which he was so well fitted, of lecturer to the school of Homœopathic students of which the hospital was the centre. Then there were the various meetings and anniversaries of the British Homœopathic Society, in the business of which Dr. Russell was more than ever called upon to take a leading part. But, indeed, his life in all ways in London was a busy one. Besides the demands on his time made by his hospital duties and his private practice, there were more than ever, in such a vast place as London, the demands made on his kindness and sociability, and on his keen interest in all fresh forms of scientific and literary, or even political and ecclesiastical, manifestation. Not only did he find himself once more in the society of old Edinburgh friends who had preceded him to London, some of whom have been already named, or of other old friends—among whom may be mentioned Dr. Quin, whom he had come to know in his former visits to London, and Dr. Dudgeon, a fellow-student at Vienna—but gradually, by that attractiveness which belonged to his nature, and in which shrewdness of insight and a benevolent warmth of sympathy were equally constituents, he drew around him numerous new intimacies. Not to speak of his more casual acquaintance-

ships with this man or that man of great public mark, or of valuable friendships formed through his practice, we may note, among well-known persons whose attachment to him began from this date, Mr. Alexander J. Ellis, the philologist, Mr. E. S. Dallas, Signor Saffi, and the poet and novelist, Mr. George Macdonald, one of whose works is dedicated to him. With these and other London friends there would be meetings, at Russell's own house or elsewhere, reminding any Edinburgh friend that chanced to be present of the old Edinburgh evenings of radiant talk in which the same Russell had figured, when as yet there were no grey hairs saddening the brown.

The most important and mature of Dr. Russell's writings were produced after his removal to London. Here he edited the *Annals of the London Homœopathic Hospital*, contributing an essay and a lecture to almost every number, and here also he published his chief work, entitled *History and Heroes of Medicine* (1861), and his volume of *Clinical Lectures* (1865). Here too, he contributed to the *British Journal of Homœopathy* for 1864 and 1866 respectively, two able papers, entitled *Our Relations with the Old School*, and *A Day with the Rinderpest*.

It is by some of his independent publications that Dr. Russell is and will be best known to the public. He had been an extensive writer on medical subjects, as our previous lists will prove, ever since he had joined the profession—probably no British Homœopathist more so; and he had thus, in himself, borne a considerable part in whatever advances British Homœopathy had made in his time. To the subject of Cholera, in particular, both historically and medically, he had, at an early period of his professional career, paid especial attention; and his first treatise on this subject, as well as his subsequent writings upon it, had become authorities to which his brother Homœopathists referred. But now, among his later works, there were others which, both from the scale on which they were written, and the pains bestowed upon them, were calculated to exhibit his faculty as a writer at its best. His *Clinical Lectures on Rheumatism, Epilepsy, Asthma, and Fever*, were

addressed mainly, of course, to the profession ; but in his essays on general hygiene, diet, &c., published under the title of *A Contribution to Medical Literature* (chiefly selections from his contributions to the *British Journal of Homœopathy*), and still more in his volume entitled *History and Heroes of the Art of Medicine*, he appealed to a wider circle of readers. Of the first, no less an authority than Mr. Carlyle, writing of it to a friend, gave this character :—" Very wise, candid, good, in fact a bit of nice reading, even to the non-medical "—a character which very exactly expresses the merits of the book. But of still larger scope and purpose is the work on the *History and Heroes of Medicine*. It is, indubitably, Dr. Russell's chief work, and the one likely to preserve his name longest. He had long meditated, we believe, an elaborate life of Hahnemann, which should be at the same time an account of the state of modern medicine as Hahnemann found it, and of its progress thenceforward ; and it was out of this intention that there had grown the notion of a survey, by way of prolegomena, of the history of medicine from the earliest times, as it might be represented in the lives of the most famous physicians down to Hahnemann. In the end the two intentions came to be blended ; and, while the idea of a separate life of Hahnemann was abandoned or postponed, the series of sketches of physicians and chemists in medicine prior to Hahnemann took such dimensions, that it only needed to append a corresponding sketch of Hahnemann and his effects to make the work a popular biographical history of medicine, somewhat after the model of Mr. Lewes's *Biographical History of Philosophy*. The work was one to bring into exercise, in very apt combination, some of the most marked of Dr. Russell's tastes and powers—his strong liking for the graphic, the anecdotic, the quaint and fantastic, or the humorous, whether in incident or in human physiognomy and character, as well as his philosophic turn of mind and lucid interest in general principles and scientific speculations. And the result was excellent. It is a book that any one may take up and read with real profit, and at the same

time with a sense of continuous literary pleasure. Having cleared the way by a set of notices of the mythical *Æsculapius*, the author proceeds to group the facts of the history of medicine in successive ages into a series of biographies, or sketches more or less incidental, of the following persons:—Hippocrates, Galen, Avicenna, Dioscorides, Roger Bacon, Jerome Cardan, Paracelsus, Lord Bacon, Van Helmont, Harvey, Des Cartes, Sylvius de la Boe, Robert Boyle, Sydenham, Stahl, Hoffman, Boerhaave, Haller, Cullen, John Brown, and Jenner—the series ending with an essay on Hahnemann. All the more because of the extraordinary deficiency in our literature of such books of medical history written with any popular art, is Dr. Russell's volume likely to retain its place. Although the author's Homœopathic principles are clearly avowed in it, and appear even in the course of it before the final chapter on Hahnemann, there is, from the very nature of most of the matter, as well as from the author's candour, a value in the book independent of any conclusion that may be entertained on the subject of Homœopathy. This was amply acknowledged at the time of the publication. Among the warmest admirers of the book as a whole were some eminent non-Homœopathic physicians. And the book in this respect represented the author. To the end he had cordial friends among his professional opponents.

Fifty years of life were less than might have been hoped for one who had done much, but seemed to have more still to do. Of small frame, the tendency of which latterly to stoutness did not conceal an original delicacy of constitution, the tear and wear of London life had begun to tell upon him. When we saw him last, in July, 1866, he looked extremely ill, his form and face thinner than usual, the face without the slight tinge of colour natural to its fair complexion, and the hair visibly greyer. About this time, to recover him from his weakness, and from a state of extreme accompanying depression, it was judged best that he should give up practice for a time and seek rest in the country. He went first to Rothesay in the Island of Bute, and thence to Forres. Here there seemed hopes of his recovery,

which did not cease till December 22nd, the day of his death. His second wife, and three daughters by the first marriage, survive him.

Our impressions of Dr. Russell's character have been so much mingled with the course of this memoir that little more remains to be said. What he was to British Homœopathy it is for his professional brethren in that persuasion to estimate by their recollection of all his personal services in its behalf, and their appreciation of his long series of medical papers on special topics, and his more extensive medical writings. Some of his writings, as we have said, and especially his *History and Heroes of Medicine*, ought to preserve in the memory of a still wider public some interest in his name and some tradition of his industrious life. But there is much of the best in a man that can only be known to the friends with whom he was intimate. It is given almost to every man, in passing through the world, to form a few intimate friendships, to relate himself to a few persons so particularly that even death or absence hardly breaks the relation, but in his solitary hours he will summon up these faces, absent or dead, from all the myriads his eyes have rested on, and surround himself with them, as with a ring of portraits luminous in gloom. Well, not a few are there still alive, who, summoning up thus, in the sessions of silent thought, the images of the faces they have known best, see already among them, and will evermore see while the powers of recollection last, the kind sunny face of dear Rutherford Russell.

ON THE TREATMENT OF ACUTE SYNOVITIS AND PULMONARY HÆMORRHAGE.

By GEORGE MOORE, M.D.

I. VERATRUM VIRIDE IN ACUTE SYNOVITIS.

I HAVE recently been using this drug in a rather formidable disease with such decisive results, that I think an epitome of the cases deserves to be placed on record.

CASE 1.—Mr. B—, aged about 50, whilst getting out of a street railway-car in October, 1865, wrenched his left knee-joint. For the first two or three days he used *Arnica* liniment, and walked about in spite of the severe and increasing pain. When called in, I found the patient feverish, and the knee very tender and swollen. None of the remedies I gave did the least good; the pain increased so much as wholly to prevent sleep. The limb was kept still in a comfortable position by a splint of gutta-percha under the knee, and by a long splint with foot-piece. This mechanical measure put a stop to the excruciating jumping of the limb, which is regarded as a sure signal of the extension of inflammation to cartilage and bone. Whilst utterly at a loss what to do to give the patient effectual relief, I happened to read Dr. Garth Wilkinson's treatise on 'Small-pox,' in which *Veratrum* is incidentally advocated as a topical application in erysipelas. As a venture, I began painting about 40 drops of the concentrated American tincture over the knee several times a day, the first result being marked relief as regards pain. The same course was followed for several days, during which the pain and swelling decreased with equal pace. Grain doses of *Calomel A* (*i. e.* first decimal trit.) were given every four hours at the same time. After the acute symptoms had given way, *Mercurial* liniment was rubbed into the joint. The subject of this most severe case made an excellent recovery, but even now the muscles of the leg and thigh are considerably shrunk.

CASE 2.—In December, 1866, Dr. M— was pitched out of a vehicle, and severely injured his left wrist. Dr. Hartman, of Norwich, applied *Arnica* lotion. Next day Dr. Yeldham bound up the limb in a splint and bandage. On the third day so great was the swelling and pain, that Dr. M—, fearing fracture or dislocation, called in a neighbouring surgeon, who, from the contour of the limb, at once diagnosed Colles's fracture of the radius, advised fomentations, and appointed to come on the morrow to set the limb. Meanwhile, Dr. M— rubbed in *Veratrum* several times, and when the surgeon came, much of the swelling had vanished, and he

admitted that he had erred in his diagnosis. The same application was continued with speedy and good results. Nothing else was done except rest and support.

CASE 3.—Mrs. J—“sprained” her right knee. When I saw her, the symptoms were great pain and tenderness to touch, lameness, and swelling. *Veratrum* was rubbed in and the joint kept still with splint and bandage. Equally good results followed in this as in the other cases. No other medicine was used. Here the *Veratrum* was used early, and it was evident that it very quickly acted on the inflamed tissues, both in relieving pain and in reducing tumefaction.

CASE 4.—Mr. L—wrenched his right knee. The symptoms, treatment, and results were, to cut the matter short, similar to those of the last case. *Veratrum* alone was employed.

At present, these are the only cases in which I have applied *Veratrum* locally, but, from the immediate and beneficial effects it produced in them, I am satisfied of its great value, and I shall be glad to hear of its having received a more extended trial in this connection.

I painted about forty drops of the American preparation over the joint, with a penny camel’s hair pencil, from six to three times a day in these cases.

II. PULMONARY HÆMORRHAGE ARRESTED BY A STYPTIC SPRAY.

In the spring of last year, a potter’s warehouseman consulted me for cough, spitting, wasting, &c. The left sub-clavicular region was flattened and dull, and bronchial voice and long expiration were heard there. I prescribed *Phosphate of lime*, A, two grains ter die. I did not see the patient again, but the chemist informed me some time afterwards, that he continued taking this medicine, and had received great benefit from it in all respects.

On July 26th, following, I was called to visit him. He had been spitting blood, about a teacupful in twenty-four hours, for two or three days. Previously in such cases *Arnica* has appeared to me to have been of some use, but here it was of none. On the morning of the third day, I caused him to inhale deeply and slowly about fifty inhalations of a mixture consisting of fifteen drops of the muriated tincture of iron in an ounce of water, broken into spray by Dr. Siegle's steam atomizer. Whilst I remained, only three *blackened* sputa were got up; previously the blood was florid. In the evening, I found that four dark sputa had been expectorated since morning. Fifty more inhalations were administered. Next day I was shown four yellowish sputa. The patient was then put upon the *Lime* as before, and I have since heard that his general health is much improved.

The treatment by inhaling medicated spray deserves, in my opinion, our best attention. I have used it in many cases of throat, laryngeal, and bronchial diseases, with results far superior to those which can be obtained by the roundabout plan of giving drugs by the mouth. For example, in an obstinate case of non-diathetic bronchitis, nothing touched the disease like daily inhalations of the spray of a weak solution of lunar caustic.

ON THE DOSE.

By Dr. HIRSCH, of PRAGUE.*

ALL the animal and organic actions of our body are under the dominion of the three central organs of the nervous system. Cerebral, spinal and ganglionic nerves are, so to speak, the telegraphic wires which by their centrifugal and centripetal efficiency affect the normal and also the anomalous performance of all the functions. The action of the cerebral

* *Allg. Hom. Zeitung*, vol. lxxiii.

central organ is cognizable in the phenomena of psychical life. The spinal chord, along with the medulla oblongata and the pons varolii, by means of the nervous fibres given off by it, makes us conscious of sensation, causes all voluntary movements, and is thus the connecting link between the brain that presides over the psychical actions and the various parts of the body. Lastly, the ganglionic system conducts all the processes of nutrition, the animal economy with all its numerous actions. Thus the collective functions of the human body seem to be distributed among three nervous systems, each of which, in spite of its high degree of independence, is yet, to a certain extent, dependent on the rest. This sketch of facts that have been physiologically proved, I considered it necessary to make, before proceeding to my observations and views respecting the magnitude of the medicinal powers to be employed in the various diseases of the body. Illness of the organism is shown by abnormal changes in one or more of its vital functions. If these anomalous vital functions display themselves chiefly as disturbances in mind, occurring immediately or mediately, or morbidly altered, increased or diminished irritability or irritation of the corresponding central nervous fibres, we may therefrom assume a morbid affection of the cerebral sphere; whereas, predominant abnormal phenomena in the voluntary muscular movements, be they of primary or secondary character, are to be regarded as morbid symptoms dependent on the spinal nervous fibres. Lastly, the functional disturbances which are observable in the organs and parts of organs that subserve the nutrition of the organism, are to be looked on as morbid phenomena in the sphere of the ganglionic system. Among the multifarious diseases which appear in the three nervous spheres alluded to, those of the ganglionic nervous system are most frequently the objects of the physician's care, and it is precisely these diseases, as reiterated experience shows, in which the more massive medicinal doses, if not invariably necessary for their cure, are, at all events, apparently frequently allowable.

No one will deny that in the list of specific medicines which undoubtedly stand in close relation to the ganglionic

system, we must include the mineral waters, every one of which, in spite of its composite nature, forms a definite, simple, and invariable whole, springing from the interior of the earth in the form of a medicinal dilution. Physiological provings have already been made with some of these waters, the results of which undeniably prove that the cures hitherto effected by the use of these springs were effected strictly in accordance with the principle of similars, and, also, that those mineral waters, which have not yet been proved on the healthy, show plainly by the provings already made of their chief constituents, that the cures effected by their use occurred according to the law of similars, and hence are undeniably of a specific character. Thus, any one acquainted with the specific effects of *Chloride of Sodium*, *Iodine* and *Bromine*, will not be surprised that patients affected with hypertrophied or obstructed lymphatic glands have been cured by Kreuznach, Wildegg, and Hall waters.

From the effects of *Natrum carbonicum* on the healthy, it is evident that they are chiefly displayed in the domain of the ganglionic nerves, and it is particularly the mucous membranes of the respiratory organs, the bowels, the bladder and the vagina, that are excited by it to chronic increased secretion with or without swelling, but besides this, nervous stases in the portal circulation and hyperæmia of the uterus with various affections and functional derangements resulting therefrom belong to the sphere of action of this medicine; and it is moreover capable of morbidly affecting the external cutaneous organ, and producing some chronic exanthemata on it, eczema, and prurigo, for example—and, behold! patients affected with exactly similar affections are emphatically recommended by their allopathic physicians to spend some weeks at Ems, in the mineral waters of which we find the bicarbonate of soda forming the chief ingredient. This mineral water has further the reputation of greatly promoting the conceptive power of women, so much so that one of its springs is called “Bubenquelle” (boy’s spring), and among the symptoms of *Natrum carbonicum*, we find this increase of the conceptive power.

A medicine which has been exalted to one of the most

important, if not indispensable, in the numerous ailments, corporeal and mental, of young women, is *Iron*, which, when proved on the healthy human body, has furnished very remarkable and peculiar results. It is not so much the symptoms this medicine occasions, as those it is unable to excite, that arouse our interest and deserve our greatest attention, for by their means we obtain clear views in respect to the peculiar characteristic mode of action of this medicine. In its effects on the healthy human body, *Iron* displays this curious negative peculiarity, that it causes absolutely no inflammatory symptoms, consequently hyperinosis is quite out of its sphere of action, whereas the whole array of its symptoms almost are referrible to anæmia, and the tubercular blood crisis. Accordingly, we see year after year anæmic patients with their many ailments depending on poverty of blood, as also those affected with a tubercular constitution, resorting to these ferruginous mineral waters, which are capable of restoring the defective sanguification and nutrition to the normal state by regulating and increasing the activity of the ganglionic system. I could mention many other mineral waters of whose constituents we have provings, and from these we can tell beforehand, with an approximation to certainty, what cases they will be specifically remedial in, according to the principles of similarity. And we shall find in fact, that previous experience of a purely empirical character had discovered and corroborated the remedial power of these mineral waters in analogous cases. Now, if we regard the processes that take place in the cure of diseases by means of mineral waters as specific, and if, moreover, it follows from what we have adduced that the ganglionic system is the original seat of the numerous and diverse diseases curable by mineral springs, and that this system is to be regarded as the efficient factor of the cure accomplished, then we are justified in saying that a certain series of diseases referrible to the ganglionic system can bear what we term massive doses. I say "a certain series," and by that I mean especially such diseases as are caused by a diminished, sunken functional activity of the ganglionic nerves. In as far as these nervous fibres are distributed in

muscles or muscle-like tissues, and are consequently to be regarded as the motor nerves of those muscular fibres which are mostly withdrawn from the influence of the will, every diminution of their functional activity, from whatever cause, must produce a slower and more imperfect performance of all corresponding functions subserving the vegetative processes of the organism. Therefore we cannot be surprised when we observe that the organs supplied by the ganglionic nerves, and hence belonging exclusively to the animal economy, admit of relatively larger doses, particularly of mineral waters, seeing that all the constituents of these springs, on the one hand, are detectable in our food, and, on the other hand, are to be found in the fluid and solid parts of our body, and that they, as regards the former circumstance, only convey to us parts of our usual food ; as regards the latter, they furnish substances homogeneous to our organism.

The case is different with those organs within the domain of the ganglionic sphere, when their motor or motorio-sensific nervous fibres are in a state of morbid excitement. When this is the case, there is usually a remarkable increase of the susceptibility to irritation, and hence we shall have to resort to much smaller doses of the medicine that exactly corresponds to the special case of disease, in order to effect a cure with greater certainty. Thus, for instance, increased functional activity of the heart, whether it shows itself by palpitation, violent jerks, fluttering or unrhythmic movement, will be speedily allayed by higher dilutions of the specific medicines, if this morbid condition does not depend on some more important local organic changes. . The increased peristaltic movement of the bowels, which is the case in most diarrhœas, may be rapidly restored to the normal state by the smallest dose of the specific medicine, and so may the well-known state of spasm in the fine muscular layer of the external cutaneous organs, of the excretory ducts of the glands, &c. In what I have said I have considered the ganglionic nervous system as a sort of independent sphere, but let it not be forgotten that, as already intimated, this independence is by no means unconditional, for

every function of every organ is in a certain undeniable dependence on others, and on the whole, and to a certain extent, forms a chain the several links of which are connected at one place more, in another less loosely—still there is always a connection. Absolute independence cannot be predicated even of those highest nervous centres—the brain and spinal chord, seeing that, in respect to their own nutrition and maintenance, they are in an obvious state of dependence on the ganglionic nervous system, which latter, again, is much and variously influenced, as regards its functional phenomena, by those superior nervous centres. Thus, the various states of the blood which seem to depend chiefly on the respiratory function, a function under the immediate dominion of the spinal chord, communicate the most important stimulus to the ganglionic nerves, and are able to modify its functional activity in various ways. But the immediate influence of the cerebro-spinal system on the functional phenomena of the ganglionic nerves is also unmistakable, as we see in the most distinct manner in the effects of mental affections; thus, in sorrow and in joy, we see the lachrymal gland excited to increased secretion; in anger the vascular system is put into a state of high excitement, and the biliary secretion is increased; and in fear the heart's beats become irregular and more intermittent. Regarded from this point of view, the affections of the mind are to be considered as in some degree imponderable medicinal stimuli. If by the term medicine we understand everything capable of exercising a morbid influence on the healthy body, and of assisting the diseased body to regain its health, then it is the case, with regard to fear at least, that it has frequently produced convulsions, epileptic fits, and paralysis, and has often proved remedial in those very disorders, thereby vindicating for itself the character of a specific medicine. From what we have said above it is clear that the sensitive side of the ganglionic nerves, more particularly when they are in a state of morbid irritability, and also the cerebro-spinal system do not require ponderable medicinal substances, in order to display a perceptible reaction, a decided change in their sensational and func-

tional phenomena. This brings me to the consideration of those groups of diseases in which there is present a susceptibility for the finest medicinal stimuli. Such diseases offer to every unprejudiced and truth-seeking physician an opportunity of convincing himself of the truth of the law already confirmed by a thousandfold experience, that the medicinal substance recognised as specific for a particular case of disease, liberated from its material envelope as far as possible by the peculiar process of potentizing, or in other words, brought from the ponderable into the imponderable state, is best adapted to effect the cure. I am far from denying that, with more massive doses of the accurately corresponding specific medicine, we may cause to disappear a disease presenting itself mainly in the sensitive sphere of the sympathetic nerve or in the domain of the cerebro-spinal system. We have plenty proofs of this as well in the ancient as in the modern writings of allopathic physicians, though of course their choice of the corresponding specific remedy was guided by mere experiment, and not by the principle of similars. Thus, for example, we find *Phosphorus*, *Stramonium*, *Belladonna*, *Nux vomica*, *Magisterium bismuthi*, *Oxide of zinc*, *Carbonate of iron*, *Cherry laurel*, *Quinine*, and many other remedies recommended by many practitioners in cardialgia; and yet repeated experiments not always successful did not reveal the reason why one or other medicine was of striking use in some cases, whilst in others it was of no use at all. In short, there occurred cases, and these were especially such as were suited for the medicine employed, agreeably to the law of similars, in which cures were effected with anything but homœopathic doses. Of course we should not forget that the drugs derived from the vegetable kingdom, employed in allopathy, when not given in the form of alkaloids, contain even in a large quantity, a proportionately small portion of the really active medicinal substance; and of those medicines referrible to the metals and metallic salts, be they more or less soluble in the organic humours, a considerable proportion is again ejected from the body by means of the numerous excretory organs. Thus, *Iron* can be detected in the fæces,

Iodide of potassium chiefly in the urine, and *Mercury* in the excreted matters of the skin. So also *Nitrate of silver* given in allopathic doses is again expelled to a great extent by the cutaneous perspiration. This is distinctly proved by the metallic grey colouring of the skin in so many of the epileptic patients treated with large doses of *Nitras argenti*. In my opinion, this mode of treating epilepsy, even were it always attended by the most brilliant results, could never be otherwise than unpleasant for the patient, when he finds that from a white man he has been changed into a negro, and must go about for the remainder of his life literally a living photograph of the abuse of medicine. When we consider that it was so frequently noticed that the system strove to get rid of the excess of medicine, we cannot help being surprised that the old-school practitioners failed to take the hint given them by nature, and still continued to administer their enormous doses with senseless prodigality. But even this would be of minor importance, if only the organism always possessed full power to eliminate completely the excess of medicine, and only applied as much of the medicinal stimulus as would suffice to remove the disease. But this is far from being the case, for experience has already shown thousands of times, that a too intense medicinal stimulus easily overleaps the desirable limits. In favorable cases, after having more or less fulfilled its prescribed task, the removal of the existing morbid state, the carefully observing practitioner, particularly if he be conversant with the physiological effects of drugs, will notice that, subsequently, quite new symptoms appear here and there, solely due to the excess of the medicine. From among a considerable number of cases of this sort which I have had an opportunity of observing, I will only cite a few, which confirm the accuracy of the above statement in the most striking manner.

In 1840, I was called to see a very delicate man, 45 years of age, who, with every sign of astonishment and despair, communicated to me the sad intelligence, that for the last two days his sight was completely gone, and he had only observed a few days before that objects appeared dimmer

and more indistinct. On carefully examining the eyes, I found nothing abnormal, except considerably dilated pupils. On inquiry, I found that the patient had been affected for more than a year with extremely violent nocturnal fits of asthma, and that, in spite of all his pains, his physician could not succeed in doing him good until a few days ago, when he prescribed some powders whose use was attended by most remarkable amelioration. Unfortunately, this new ailment had come on, and as his doctor considered his state very serious, the patient had made up his mind to seek homœopathic advice. I asked to see the prescriptions, and found that the medicine last prescribed was *Belladonna*, of the dry powdered leaves of which half a grain was taken three times a day. The cause of the sudden blindness was now evident to me, and fortunately I was able to restore the sight completely in a few days by an antidotal treatment, consisting of the administration of small doses of *Hyoscyamus*, and small quantities of light wine.

I had also the opportunity to witness the case of a young man where, for weakness with paralysed feeling in the extremities, that had lasted some months, and had been brought on by venereal excesses, after the useless employment of *Iron* and *Quinine*, at last *Phosphorus* was rubbed in in the course of the spine. This treatment had not been pursued more than a few days, when the patient was attacked with headaches, becoming always more violent. They affected chiefly the right side of the head, and complaint was at the same time made of a sensation as if the skull would burst, and occasionally of violent blows and jerks in the head. This peculiar kind of painful sensation I recognised as a symptom of *Phosphorus*, and accordingly, after the administration of a couple of doses of *Nux vomica*, it was completely removed. I should state that the very first day when I had only forbidden the employment of all external remedies for the time being, and had given nothing internally, amendment had already commenced. Perhaps the antidotal action of the *Nux vomica* which was given on the second day, and repeated in twenty-four hours, may have materially contributed to the rapid removal of the head

affection. Multiplied experience has sufficiently demonstrated the disagreeable secondary affections caused by *Iodine* given in large doses for hypertrophy of the thyroid gland, especially on the mammæ of females.

Of *Mercury*, that dread enemy of all the vegetative life, it may be safely said that it has done far more harm than good, particularly in former times, when this heroic medicine was used much more lavishly. Pathological anatomy is indebted to the abuse of *Mercury* for her purest examples of fatty degeneration of the liver, spleen, and kidneys. Enormous is the number of patients affected with all varieties of the mercurial dyscrasia, who yearly resort to sulphurous mineral springs; in the well-known antidotal power of these waters they seek, and generally not in vain, a cure for their sufferings.

After this slight allusion to the long list of sins of those who give too large doses, particularly of specific medicines, we may return to the further consideration of the subject of this paper—to the size of the doses most conformable to reason and most borne out by practice. If, from what has been said above, it is plain that before all things we are to consider the kind, the nature of the illness, which must be held to be eminently useful for determining the dose of the medicine to be given; still we must remember that particular attention must also be given to the constitution, the condition of the body, the diversity of susceptibility for medicinal stimuli, and to the age of the organism affected by any disease. Finally, in settling the size of the dose, we have to consider the healing factor, the medicine itself, in reference to its innate strength and power of action. There are thus three points which must serve as the natural basis for the homœopathic posology, and these are—

1. *The individuality of the case of disease considered by itself.*

2. *The individuality of the organism affected by any illness.*

3. *The individuality of the healing agent, the medicine.*

As regards the first point I have already, in former numbers of this Journal, expressed my own views on the

subject deduced from many years' observation, and it now remains for me to elucidate the two last points.

The individuality of the organism affected by any disease shows us the greatest variety of degrees of susceptibility for medicinal stimuli, according as the constitution is stronger or weaker, more or less developed, according as the organism, in virtue of the peculiar congenital character of its temperament, is capable of offering more or less resistance to the great variety of external impressions. In respect to the bodily constitution, it must be clear to all that its stronger or weaker development must be carefully considered in determining the size of the medicinal doses. Should we, in conformity with the once favorite and almost universally adopted plan, administer two or three poppy-seed-sized globules of the 30th dilution of say *Nux vomica*, which might be the medicine apparently indicated, to a strong, stout forester accustomed to the use of spirits, for an attack of congestion of the bowels, and precisely the same dose to an infant affected with jaundice a few days after its birth, such practice must be regarded as extremely irrational. Even should the forester recover his health when taking the little dose, still, in order to avoid any mistake, we must accurately estimate the effect of the dietetic and regiminal changes that were prescribed at the same time, which are of themselves often able to cure such maladies. Thus, for instance, by merely reducing the quantity of spirits drunk and tobacco smoked (both habitually indulged in to excess by foresters), we, on the one hand, act powerfully on the venous condition of the blood, and on the other, excite greater action in the bowels, and a more normal performance of their functions. That the simultaneous use of a larger and stronger dose of *Nux vomica* suited to the individuality of the affected organism—say a drop of the 6th dilution—would be a powerful adjuvant in and accelerator of the cure of this forester, can hardly be doubted. But in the selection of an appropriate medicine, we must pay particular attention also to the congenital individual temperament, with its higher or lower susceptibility to stimuli. I am far from admitting the validity of the old classification of the temperaments,

still I shall continue to employ the word "temperament" in the sense of "degree of susceptibility of stimuli," and the adjectives "lively" and "languid" will, in general, suffice to indicate the degree of this susceptibility. The French seem also to use the word "temperament" in a similar sense; thus, when they say, "*cette femme a du temperament*," "*cette femme n'a pas du temperament*," we know that they mean to indicate a very localised special increase of the susceptibility to stimuli. The presence or significance of a greater or less susceptibility to stimuli is observable even in childhood. Thus, we know that languid, so-called phlegmatic children, when they are ill, not only bear but often require stronger medicinal stimuli, in order to effect a rapid cure, as I have often found when giving *Iron*, *China*, *Spigelia*, &c.; whereas, in the case of lively, irritable children, larger doses of these medicines, be they ever so much indicated, cause evident excitement and aggravation. In the low state of susceptibility to stimuli of children of quiet languid temperament, we also find the reason of the well authenticated fact, that such children have much less susceptibility for certain epidemic contagious influences, that are peculiarly hostile to the youthful body, whereas we much oftener see livelier, more susceptible children catch the febrile exanthemata, such as scarlatina and measles, when exposed to their influences. That difference of age, independently of congenital temperament, is of great importance in deciding the choice of the dose, need hardly be remarked.

The individuality of the medicine is of such great moment in determining its dose, that we cannot avoid a careful consideration of it. It is a peculiarity of the specific character of our medicines, that usually much smaller doses are required to produce a curative result. Long before Hahnemann's time, many medicines were known by multiplied experience to be capable of curing certain peculiar forms of disease. The mode of action of these medicines was called in general "specific," in other words, a mode that could not be explained, until, at length, our immortal Hahnemann, by his profound investigations, succeeded in detecting this important secret of nature, and in throwing a clear light on

the hitherto obscure notions of specificity. As in all curative processes, so in the performance of a specific cure, the action of two factors is required. While the object to be cured, the diseased organism, forms the one factor, the other factor is the curative agent, the medicine. Everything, ponderable or imponderable, that by dynamical influence on the organism is capable of changing its healthy state to a morbid state, may properly be called a medicinal agent, and each one of these agents of itself has the power to excite in the healthy human being peculiar groups of symptoms, a peculiar morbid picture. In order to utilize this medicinal power, to transform it into a curative agent, the other factor, the object to be cured, is needed. This will only find its infallible curative agent in that medicine which, in its effects on the healthy body, shows, to a certain degree, a reflection of these morbid phenomena presented to us by the object to be cured. In this agreement of the symptoms produced by medicinal action with the symptoms of a case of disease, lies the essence of the true specific in the homœopathic sense. In the curative process, by means of a specifically acting medicine, the two factors—the medicine, as the cure-bringing power, and the disease, as the object to be cured—mutually destroy one another. With the extinction of the morbid picture, the action of the medicinal power must, however, also be extinguished; provided the quantity of medicine administered be not so much in excess of what was required as morbidly to affect the organism in another direction. Herein lies the remarkable peculiarity of a specific medicine, that but minute atoms of it are required, in order to alter the morbid actions and abnormal processes. And so we see, in the cures effected by allopathic physicians by means of mineral waters, where, in comparison with their ordinary doses, the quantity of the specific medicine administered is extremely small, that these gentlemen, in this manner, do involuntarily perform real homœopathic cases. From the idea of a specific, curative action elucidated and established by Hahnemann's investigations, the reason of the frequent failure of the specific treatment, as it used to be called, became evident. In the

treatment of all the different forms of syphilis, *Mercury* was always employed; every ague, whatever form it might assume, was always attacked with *Quinine*; every scabious eruption with *Sulphur*. Under such circumstances, when the medicine corresponding by similarity of symptoms was not opposed to the disease in question, it was not to be wondered at that many cases not only remained uncured, but even, owing to the enormous doses employed, became complicated by a medicinal disease being added to the original affection. In homœopathic treatment, thank heaven! we do not incur such dangers, because, on the one hand, by careful provings of the medicines on the healthy body, we are enabled, often with more than approximative certainty, to choose the remedy corresponding by similarity of symptoms, and on the other hand, even should our choice of the specific remedy chance to be erroneous, or should we happen to give a somewhat larger dose of a homœopathic medicine, we cannot possibly produce a formal medicinal disease of obstinate character. But as I write these words, several experiences I made in the early years of my practice seem to prove the contrary, and I think it may not be out of place to make here a practical remark, which may be useful, especially to my younger colleagues. It is this: there is a certain kind of disease in the treatment of which we cannot be too cautious in our choice of the appropriate drug, nor too particular about the minuteness of the dose and the rarity of its repetition. I allude to that form of disease that comes on with excessive nervous hyperæsthesia, which we are, alas! sufficiently familiar with under the names of hysteria and hypochondriasis, and which we meet with only too frequently in practice.

If we desire not to see the strong waves of morbid feelings swell to the greatest height (when they usually dash upon the devoted head of the doctor), we must select with the greatest circumspection, always bearing in mind the real foundation of the disease, the most appropriate medicine; we must give this in a high dilution, and of this only a few globules, and repeat the dose very seldom. If we have, with due consideration, selected the remedy, we must

not allow the everlasting complaints of the patient to influence us to change it quickly for another, for a quick change of a medicine is generally followed by a quick change of doctor. The history of a few of my practical experiences in this kind of malady, which fortunately occurred in the first years of my medical life, may serve as an illustration of what I have said.

Among other patients, I had a hysterical lady, of between thirty and thirty-five, who, at my first visit, had much to complain of, and moreover begged me to see her every other day. I knew perfectly the cause of her malady, I knew exactly what she wanted—what every doctor knows who has had to treat many cases of hysteria in ladies between thirty and thirty-five years of age, and still unmarried. I prescribed *Ignatia* 6, a dose morning and night. When I called again the complaints had attained the dimensions of an endless litany. I prescribed *Coffea* 3, a dose morning and night. Now, thought I, the storm will subside. Quite wrong. She complained still more lustily, and as she, among other things, complained with special emphasis of severe burning in almost all the mucous membranes, of pains in the joints, and entire loss of sleep, I hit on the happy idea of giving her a few doses of *Cantharis* 12, as this medicine seemed peculiarly indicated in every way. My astonishment was great when, on calling two days afterwards, I found my patient lying on the sofa with her head bound up, and another bottle beside her—a bottle with contents like almond milk, and a small vial, with clear drops—probably *Aqua Laurocerasi*. “Dear doctor,” she said, “I was just about to let you know that I must send for my former doctor, for the homœopathic medicines have a frightful effect on me.” And she was right.

Another hysterical woman, of matronly age, to whom, taught by former experience, I always gave only the higher dilutions, and these at long intervals, after a year told me that, on the whole, she was much better, and her nerves decidedly stronger. To hear such an acknowledgment from the mouth of an hysterical patient is a great rarity. Now it happened one day that, in consequence of some

cause of vexation, my patient had a great aggravation of her symptoms. She lost her appetite, had constant flow of saliva in her mouth, and frequent retching, particularly when a spasmodic cough came on now and then, which also disturbed her night's rest; she complained besides of a violent headache, limited to a very small spot on the parietal bone, and almost always compelling her to lie down. I prescribed a dose of *Chamomilla* 12, which caused relief the next day, so that I now continued to give her only an unmedicated powder, in order to wait for the exhaustion of the action of the medicine. The following day she was not so well. She begged me to give her the medicine that she had often taken with excellent effect. She meant *Natrum muriaticum*, and as this remedy was very appropriate to her general state, and quite corresponded to the symptoms present, I gave her a dose of a high dilution, which, by next day, had produced a very good effect. In spite of my advice to the contrary, she insisted on having a supply of this medicine in globules, in order to take it two or three times a day. I had to yield to her wishes. Two days later she said she was still better, and would not attend to my orders to take the medicine less frequently. A few days after this she said that her health was decidedly better, but for the last twenty-four hours she had felt a violent itching all over the body, which induced her to leave off the medicine. In spite of this, the itching continued to increase during the following days, and after scratching, there appeared a number of red raised spots, in some parts as large as a hazel-nut. I pronounced the disease, which was evidently urticaria, to be the consequence of taking more *Natrum muriaticum* than was suitable for her constitution, and desired her to do nothing for a short time, but the very next day she besought me earnestly to give her something to allay the intolerable itching, otherwise she felt sure her nerves would be again agitated. I prescribed *Camphor* as an antidote, but without good result. I then gave *Nitric acid*, which did some good, but it was four or five weeks before this patient got rid of the malady her perverseness had brought on her.

Several years ago I had a hypochondriac under treatment, on whom I produced a very satisfactory result by means of small and rare doses of *Nux vom.*, *Cham.*, *Bell.*, and *Verat.*, according to the symptoms present. He had so much confidence in these remedies that he would not go a journey without a stock of them, but he always attended to the injunction to take them very seldom. When returning from one of his journeys, he got into a violent dispute with a fellow-traveller, and thereby brought his nerves into such an excited state that he found it necessary to have recourse to his medicines during the journey; but he had no patience to wait for the action of the medicine he had taken, and as he changed from one remedy to another, and even swallowed larger doses in his impatience, he thus fell into a very uncomfortable state. When I visited him I found that he had already applied a cold compress to his head. It would be superfluous to mention all the symptoms he described to me in the most confused manner, as affecting every part of his body. I gave him a single dose of *Bryonia*, and some unmedicated milk-sugar powders. At night I was sent for to see him in a hurry, and found him in such a pitiable state of nervous excitement, that I was obliged to give him *Coffea*, which, as his friends told me, procured him some hours of rest; but towards morning, his state was palpably aggravated; nor was relief obtained by a second dose of *Coffea*. The patient insisted he had a violent inflammation of his brain and bowels, swore that paralysis was imminent, and on my endeavouring to soothe him, he accused me of thinking too lightly of his case. I gave a dose of *China* 15, which caused a brief amelioration after a few hours, and on repeating the dose there was again a short relief. And yet a few hours afterwards the patient was quite well—but how was this result obtained? Some cases, as many of my colleagues could testify, occur where the doctor, if great experience and success have not already given him perfect confidence in homœopathy, may easily be shaken in his belief in the action of homœopathic medicines, and be led to false conclusions, and such are especially those cases where, from previous improper medicinal treatment,

the normal reactive power of the organism is so disturbed, that some remedies, which we might firmly believe to be most appropriately selected, utterly fail to do good. This is particularly true with respect to patients who, shortly before coming under homœopathic treatment, have been dosed by their allopathic attendant with some narcotic, such as *Morphine*, *Cherry-laurel water*, or *Digitalis*, and so it is also when, by the rapid successive administration of not quite appropriate homœopathic medicines, the reactive power is, so to speak, drawn off the right path and sent astray. This latter was the case in the patient above mentioned, and accordingly I was compelled to devise some other method to effect as rapidly as possible a revolution in the state of the cerebral nerves, which were here chiefly implicated, by means of some antagonistically acting external treatment. To this end I prepared a sinapism the size of an octavo page, and applied it to the epigastrium. Scarcely had this commenced to irritate the skin, when diminution of the general nervous excitement was plainly perceptible, and when the sinapism, after producing an intense erythema, was removed after an hour, the distressing nervous excitement and the painful head affection were reduced to a trifle, and in a few hours the patient had nothing to complain of except the burning pain left by the mustard, which was at once relieved by powdering it with flour, and in a short time was quite gone. Three days after this, in consequence of a chill, the patient was attacked by a violent rheumatism in the face with pain in the cheek when touched. Under the use of *Spigelia* 12, two drops in half a tumbler of water, two teaspoonfuls every four or five hours, the patient was perfectly cured of this affection, which may be considered a convincing proof that the normal sensitiveness to medicinal stimuli had again returned.

We shall now return to our former subject, wherein mention was made of the special peculiarity of specific medicines, that, as a rule, in order to effect a curative action, very small doses of them are required. One circumstance, however, there is that must not be overlooked—it is, that the selection of the remedy must be made with the greatest care ;

for it is only if we are first quite convinced that the remedy is in all respects appropriately chosen, that we can resolve, supposing it fails to perform what we expected in the dose administered, to increase the dose or to give it at shorter intervals. But in order to be certain that the choice has been well made we must go to work properly. While homœopathy was still in its infancy, when a practitioner wished to choose an appropriate remedy for a certain case of disease, the only guide he had was Hahnemann's *Pure Materia Medica*, and what did he find there? A chaos of drug symptoms, important and unimportant, all jumbled together. To the beginner it seemed as if every medicine possessed similar symptoms. And yet much valuable ore lay hidden in this chaos, but to get at it was a very difficult and tedious job. In order ostensibly to facilitate it, repertories were compiled, which, however, when constructed without a previous fundamental and rational study of the *Materia Medica*, proved rather false than true guides. As we cannot catch the meaning of a discourse from a few unconnected words of it, just as little and probably still less can we learn the true medicinal power of a drug from the perusal of a few of its symptoms. A symptom is merely a word, and it is only the totality of the symptoms that constitutes the speech of the morbidly affected organs; and yet in order to be able to appreciate properly this totality of the symptoms, they require a careful scrutiny, in which the first requisite is to separate carefully the primary from the secondary morbid symptoms, and especially to ascertain the characteristic points of the former. This refers as well to the morbid symptoms of the disease to be cured as to the pathogenetic symptoms of the drug on the healthy organism. The correct selection of the remedy depends on the appropriate and rational conception of what is really characteristic in the symptoms, presented on the one hand by the physiologically proved medicine, on the other, by the case of disease to be cured, and in the agreement, or at all events the greatest possible similarity of these two thoroughly ascertained characteristics. The homœopathic practitioner who neglects, when making his selection of a remedy, to bear

this maxim constantly in mind, and who, without profound study of the effects of the medicines, prefers the much easier plan of selecting what appears an appropriate remedy by mechanically covering the symptoms with the help of a repertory, will frequently commit grievous mistakes, and have to bear the blame of an entirely wrong selection of a remedy. It certainly sometimes happens that, in the case of a doubtful choice, a single symptom may give the clue; but then this must be a peculiar, a characteristic symptom, and not such a one as this of *Sulphur*, "desire especially for beer;" or this other of *Sabadilla*, "desire for honey." Were we to allow ourselves to be led to choose *Sulph.* in every case when there was a desire for beer, we should certainly have to give this remedy pretty often, and were we to select *Sabadilla* for all our little patients who are fond of honey or other sweet things, then we should have to regard this medicine as a real panacea for children's diseases. It is otherwise when there is present some very peculiar symptom having a decided pathological value—a symptom which occurs as a characteristic of one or more medicines. In such a case, where there is a doubt as to the choice among several remedies otherwise closely corresponding to the totality of the symptoms and the characteristic features of the disease, such a symptom will decide us. Thus, for example, we find among the symptoms of three of our physiologically proved drugs, viz., *Natrum muriaticum*, *Silicea*, and *Kali bichromicum*, the very peculiar symptom—"feeling of a hair on the tongue," a symptom which I believe to be owing to an anæsthesia of a peripheral branch of the lingual nerve, running along the dorsum of the tongue, manifesting itself in a thread-like or linear direction. Briskén, of Arnsberg, and Stens, of Bonn, have also observed that this symptom of such an apparently trivial character may be regarded as decisive for the choice of a remedy, as is strikingly proved by the result following its administration. Briskén's case was a neurosis of the chest; Stens's, a violent attack of colic, both of which were rapidly cured by *Silicea*. My case was one of cardialgia, that had already lasted a considerable time, with aching contractive pains in the

stomach, always coming on after eating, the gastric region was sensitive to touch, and the sensation of "a hair on the tongue" was frequently experienced, and so vivid, that the patient felt often compelled to wipe the tongue carefully with a cloth, which, however, did not remove the sensation. In this case *Natrum mur.* was the remedy that effected a rapid cure, and that the cure was solely due to it was accidentally proved to me in this way: When the patient was freed from her complaint, I advised her to keep to the homœopathic diet for some time longer, but she smiled and assured me that she had never made the slightest alteration in her usual diet. The circumstance that all the three cases in which the feeling of a hair on the tongue occurred were neuralgias, tends to corroborate the view that this symptom depends on a hair-like limited anæsthesia. Besides, I have frequently had occasion to observe that all severe neuralgic attacks in the abdominal organs are accompanied by not only a coldness of the tongue, but also by a regular anæsthesia of that organ, very closely approaching paralysis, so that the patient does not feel the prick of a needle on his tongue. This proves how often it happens that the morbidly increased sensitiveness of any one portion of the nerves can produce a directly opposite state in other nervous fibres; and this may at the same time be regarded as pointing to the antagonistic principle.

(To be continued.)

ONE DAY OF MY PRACTICE.

By Dr. WATZKE.

TYPHUS.

CASE 1.—The first visit which I made (April 13th, 1854) was to a case of convalescence from typhus. If I speak of this case in a somewhat prolix form, it is neither the importance of the disease nor its danger or violence, nor the difficulty of choosing the right medicine, nor a strikingly

rapid and brilliant cure; in none of these respects is the case at all remarkable. It is merely the peculiarity of its *course* that influences me; and that peculiarity stands in connection with the oft-repeated question, "Does typhus admit of being arrested in its course or not?"

Whether the conclusions which I have drawn from this and other analogous cases which I have observed be too daring, or entirely false, I must leave to the acumen and experience of those of my professional brethren who have under treatment, year after year, typhus patients of every description in great number.

So, to begin with the facts. On March 7th of this year I was called, late in the evening, to see a girl of fifteen, the daughter of J. P—, master manufacturer. The patient, who was previously quite well, had for some days looked ill, had little appetite, and complained of headache, chill, and languor, but only took to bed early on this day.

I found her in the most violent fever, with skin burning hot and dry, pulse 140; shooting pain in the head; vertigo; great dread of light; sensitiveness to the least noise; humming in the ears; tongue dry; thirst almost insatiable; integuments of the abdomen very tense, and painful to the slightest pressure; frequent painful diarrhœa, of brown slimy matter.

No *cause of the disease* could be assigned. The patient had not taken any medicine, and in general, for some days, had lived on cold water; with the exception of plain soup and some Russian tea.

The choice of a remedy was not difficult. I mixed a few drops of *Tinct. Bell.* in half a glass of water, two teaspoonfuls to be taken every two hours; and ordered her to have nothing but cold water, keeping the room as quiet as possible, and sufficiently dark.

The next night was nearly sleepless, with much delirium during transient slumbers; some perspiration came on in the morning. Next day no great change in the form of the disease, the pulse, however, was slower by ten or twelve beats per minute, and the diarrhœa less frequent. Diet and medicine as before.

March 9th, morning.—Found the patient wonderfully improved; she had lain all night in dripping perspiration. Pulse about 80; tongue moist; vertigo; pain in the head; dread of light entirely entirely gone; sensitiveness and tension of the abdomen almost entirely gone; diarrhoea had ceased since the previous evening. *Bell.* every three hours.

10th, morning.—My pathological prodigy was sitting up in bed all right, and thinking of eating and getting up. I advised her not to stay up more than an hour or two at most, and ordered some soup for her dinner. As the mother, who had a horror of doctors and medicines, remarked that the patient surely need not take any more medicine, the *Bell.* was, as might be expected, laid aside.

At my next visit, March 11th, 8 a.m., I found her already out of bed. Mamma pronounced an eulogy upon the incomparable constitution of her daughter. Although I agreed perfectly with her on this point, yet at parting I enjoined prudence regarding diet; and to gain more attention to my warning, I did not hesitate (of course not in the patient's presence) to state expressly that, for the two first days, I fully expected that we had to do with a smart typhus, and I congratulated the patient and myself that the disease took a favorable turn so unexpectedly soon.

Well, the question is, was this a case of typhus? and perhaps another—can typhus, exceptionally, get well spontaneously, within five or seven days? Or, does the healing art possess remedies which are able to cut short—to arrest (*coupiren*) its otherwise tedious course?

For my own part, had I never seen or heard any more of the patient, I should not have taken the case to be typhus at all, but for a violent acute intestinal catarrh. And I have no doubt that most of my colleagues will partake of that view after what I have said, so far, about the case. But the further progress of the affair not only gives no support to such a view, but contradicts it expressly. For scarcely had three or four days elapsed when I was called in again. The patient was now just about the same as at first, *i. e.*, a severe typhus no longer admitting of any doubt. The relapse was ascribed to a disordered stomach.

The main symptoms with which the disease had commenced and proceeded were as follows :

Violent giddiness, even when lying down, but increased by sitting up ; humming, singing in the ears, almost incessant and latterly accompanied with considerable difficulty of hearing ; intolerance of noise, even of speaking out loud ; head heavy, generally with dull pain ; confused and empty ; she cannot retain a single thought ; wants to say something, and the next moment does not know what it was (even in her convalescence there was great weakness of memory, forgetfulness and incapacity for thought), extraordinary irritability ; can bear no one about her except her mother ; continued dread of light ; countenance distorted, with a fixed gaze ; tongue dry ; lips cracked ; thirst violent ; disgust at all food ; can only endure cold water ; abdomen moderately distended, very sensitive even to slight pressure ; painful diarrhoea, generally of brown mucus, sometimes mixed with a little blood, six or seven times a day (afterwards, on the contrary, constipation for ten or twelve days together). Urine not much altered in appearance ; skin at first dry ; when amendment set in, copious perspiration ; towards the end of the second week there appeared on both sides of the neck and on the chest small semi-transparent hemispherical vesicles (a form of typhus eruption described under the name "Sudamina"), which however disappeared in a few days. Pulse continued long at 120, but towards the end of the disease sank to the normal standard, and even lower.*

The course was pretty tedious. The violence of the fever, the brain symptoms, the prominence and sensitiveness of the abdomen, and the diarrhoea certainly abated, by the use of *Bell.*, considerably and steadily within ten to fourteen days ; and at the end of the third week the disease might be considered to have run its course. Yet from the extraordinary weakness and exhaustion still remaining, she was not able to leave her bed till the end of the fifth week.

Query, if the disease was typhus in this second period (as cannot well be doubted), then, was it not necessarily so

* Several of my colleagues would object to my neglecting to examine the

in the first also? Or does truth really lie in the old story of "*status gastricus, biliosus, pituitosus, in nervosum tendens*."

Besides, it is not more than probable that if proper medical and dietary treatment had been employed for a few days after the first attack, the second might have been entirely spared. And in that case might not the typhus be most justly considered to have been cut short (*coupirt*)?

For those who believe in the possibility of one disease passing over into another—the original "*Febris gastrica, biliosa, pituitosa*" into "*nervosa*," the expression cut short or arrested has neither sense nor meaning, their hypothesis* quite excludes the notion.

If others, again, admit the possibility of arrest in general, but, in the case of typhus, question it, just because the crisis of the blood in typhus does not admit of being changed so

spleen; others, to analyse the urine. "Without swelling of the spleen, no typhus." Query about that—I have before me Chomel's excellent monograph on typhoid diseases, with forty-six cases of typhus reported. Where death ensued, *i. e.*, in thirty-two cases, we have the details of *post mortem*. In thirteen of these no swelling of the spleen was found; in a fourteenth that organ was of only half the normal size. My friend, Dr. Fleischmann, too, who, during thirty years' hospital practice, has treated 4000 typhus cases and more, most decidedly questions the swelling of the spleen as an inseparable accompaniment of typhus. As to the question whether the alleged fault of omitting to analyse the urine weighs so heavily in the scale, I leave it in abeyance till one of the first chemical celebrities—LEHMANN—recalls the adverse judgment which, at the end of his comprehensive work, he lets fall upon those who are caught in the delusion of supposing that the chemical analysis of morbid products has as yet conferred any important benefit on the practice of medicine. In general the over-anxious diagnost, who requires swelling of the spleen and a certain analysis of the urine, before he can recognise a well-developed typhus, seems to me like a man who comes to St. Stephen's Place, and because, by chance, he sees no cabs on the right and no omnibus on the left, is not sure whether he sees Stephen's Cathedral before him or not.

* This hypothesis, which is directly opposed to the notion "Genus, Species, and Individual," falls along with the buried profession of the Alchemists, who would fain have made gold out of lead. Its adherents, who at this day are but few, remind one of the farmer who firmly believed he could, under certain circumstances and conditions, and with certain peculiar relations of weather, soil, and culture, turn a field of oats into wheat. To be consistent, they ought also to believe that a jolly good lion could be evolved out of a tender kitten by a peculiar mode of feeding! [It is, however, a fact that oats can be turned into wheat by a peculiar treatment.—ED.]

rapidly, and as it were at a blow into a normal one, I would have them consider that a process (call it mixture, crisis, or dyscrasia of the blood), which is strange and aberrant from the normal or regular condition, must be allowed as extremely probable in other diseases as well as typhus; so that besides the blood-crisis of typhus there must be one of scarlatina, measles, variola, scrofula, scorbutus, syphilis, gout, rheumatism, &c. So that whoever denies the possibility of arresting typhus on *that* ground, whilst he admits it in regard to other diseases, is evidently at variance with himself.

Moreover, numerous pathological facts put it beyond all doubt that the volume of blood is capable of rapidly, or even almost instantaneously, undergoing not only a modification but a total change. At present, I must call to mind the immediate consequences of the bite of poisonous snakes, the transient moment of syphilitic infection, the brevity of the period intervening between perfect health and the most violent scarlatina or deadly cholera.

Thus it is *possible* to effect a rapid, sudden, violent cutting off of disease, like chopping the dragon's head off and laying it before his feet at a blow (*tout à coup*), as the derivation of the word *coupiren* suggests; and this wonder is assuredly wrought in many an illness by specific medicine, only such medical triumphs form not the rule but the exception; and in such cases our Nihilists, far from ascribing any influence to skill, will see no more than the power of a fortunate coincidence, spontaneous recovery, an abortive failure, embryonal decrease and extinction of the disease. They stick to the rule ignoring the exception. These latter cannot change their convictions.

According to this, it is herewith admitted that faith in the positivity of the art of healing, is nothing more than an airy chimera, a pious, weak-brained self-deception, or despicable hypocrisy; nothing more than the pernicious fruit of *slovenly* medical and logical fancy—a cobweb of the brain, which shrinks to nothing before the latest discoveries in the realms of physiology and morbid anatomy.

The truth, according to my view, is midway between the perfect helplessness to which medical practice is condemned

on the one hand, and the miraculous omnipotence of the *coupiren* theory, which, although undeservedly, stands in the ill-repute of quackery. The truth lies in the figurative meaning of the word *coupiren*, inasmuch as it conveys the idea of *limiting, hindering, putting a check* on disease.

Taking the offensive word in this modest sense, the question thrown out above takes the following form. Is it possible in disease in general, and typhus in particular, to produce such an effect by medicine that either at the moment of its action, or by continued and repeated employment of the remedy, the violence of the disease can be checked, a barrier can be opposed to its further aggravation, a change, a turn for the better, can be induced, a removal (in this case, an absorption) of the morbid product facilitated or hastened, the strength propped up, and in this way the patient be led towards recovery more safely, rapidly, and gently?

To the question thus framed I answer, unhesitatingly, "Yes;" and I doubt not my colleagues will, in a body, unconditionally assent. There lies in this answer the smallest and least pretentious measure with which we can estimate the greatest mass of direct and positive cures, as they lie before us this long time in the Homœopathic literature.

Whoever has a mind to see the crude empiricism of our opponents in all its nakedness, and to convince himself that their boasted rationality is nothing but lawless groping from one medicine to another, let him take up any one of the monographs on typhus.

Heusinger (*Schmidt's Jahrbuch*, xi) says that no physician can put together the various opinions on the treatment of typhus without blushing, since they embrace the whole *Materia Medica*—purgatives, sudorifics, emetics, tonics, relaxing, exciting medicines, bloodletting, *Alum, Quinine, Chloride of Sodium, Iron, Iodide of Potassium, Calomel, Camphor, Musk, Saltpetre, Muriatic and Sulphuric acids, Seidlitz water, Black mustard*, injection of artificial serum into the veins, washing with vinegar, rubbing with mercurial ointment, laxative clysters, strengthening clysters, and so forth!

If we look after the indications on which they have been

directed to the employment of these remedies, we find ontological dreams, pathological fantasies, bold hypotheses, learned verbiage. After all, pure and simple faith in authority is the commonest and most convenient indication. Dr. A has employed and recommended the medicine—a sufficient reason why Dr. B should also try it. As to practical results, the followers of the old school would do well to prefer the so-called “expectant” or the method of idly looking on, to all other remedies and methods whatever. Unfortunately this method has its difficulties in private practice:—typhus patients, except in hospitals, are not satisfied with the figure and shadow of the doctor at the bedside. It is true it often fares with them as with the frogs in the fable, who prayed to Jupiter for a king.

One main cause of the mischief done by the mixture-giving typhus doctors lies, according to my judgment, in this, that even the keenest diagnostic eye cannot sometimes detect typhus in its first stage, but merely sees and treats an acute gastric attack, a gastric or intestinal catarrh, a congestion or inflammation of the lungs, brain, &c. Of such a *quid pro quo* and its unhappy results I had, when a medical Tyro in the Vienna Hospital, an opportunity of observing an instance, which obtains a peculiar interest, because it shows that one need not be a beginner or an ignoramus in order to commit a gross blunder *amenable to the law*, and that the learned and privileged dons of the profession, when they are judging one of their brethren who has once in a way committed some human error, have sufficient reasons for not entering into judgment too strictly with the poor sinner.

May 3rd, 1823.—A man, about 25, was admitted to the said hospital. The form presented by the disease on his arrival, after a week's illness, was as follows: skin hot and dry; pulse quiet and soft; burning heat in the head; tongue coated white; pain in the liver region; liquid stools; chest tight with short breathing; cough, with mucous rusty expectoration; dorsal decubitus.

The diagnosis on the board was: “Pleuroperipneumonia

cum diarrhoeâ, cattarhosâ, infarctus hepatis cum hydrothorace incipiente.”

Prescription.—Bloodletting 8 oz., decoction of Menyanthes with laudanum.

4th, 5th, and 6th.—Dyspnœa, tight chest, and fever continue. Same treatment; only, on account of aggravation of the hydrothorax, no bleeding.

7th.—The twelfth day of the illness, and therefore just the time when the typhus eruption generally comes out, there appeared on the arms and feet some flat, bluish spots, petechiæ, not well defined and confluent; with this stupefaction, delirium, meteorism. *Valerian, Camphor, Extract of bark*, and aromatic baths handed over the patient by the 17th to the next world. The Epicrisis stated that he had died partly of exhaustion, partly of prostration of strength!

Diagnosis in the dead-room, “*TYPHUS.*”

Dass auch Manner mit hochweiser Nase
Sich täuschen lassen von dem falschen Schein
Das weiss ich; und du weisst es auch o Base!

RÜCKERT, *Edelstein und Perle.*

SPURIOUS MEASLES, ROSEOLA ÆSTIVA.—*Andral.*

CASE 2.—The second case was that of a boy, aged 9, on whom an eruption came out one morning after a restless night. There were pale red spots, hardly raised above the skin, irregular, here and there confluent, such as are described under the name false measles, roseola æstiva, and infantilis. This common eruption seems to stand in the same relation to true measles as purples (rötheln) to scarlet fever, or varicella to smallpox.

There was no fever, but some pain in the head, photophobia, and coryza. I gave my little patient no medicine, holding with Master Sydenham, who ventures to prescribe, for measled patients, nothing but “roasted apples and barley-water.” The old practitioner remarks that, for the poor, this suffices: my patient was not just a pauper! By the second day the eruption had disappeared, with every other sign of indisposition.

ACUTE INTESTINAL CATARRH.

CASE 3.—A woman, otherwise strong and healthy, past 50, of choleric temperament, and had been attacked the night before with a violent diarrhoea, in consequence, as she believed, of a chill. The stools were quite liquid, brownish, and commenced with cutting pain in the umbilical region, but without straining, every half hour. Abdomen tense, but with little sensitiveness to pressure. Besides these, no morbid symptom of any note.

I told the patient to keep in bed, and to take nothing but water and some plain soup at noon, and gave some drops of *Tinct. Cham.* in a glass of water, of which she had to take two table-spoonfuls every one or two hours. The diarrhoea came on several times through the day; next day I found her quite well. Why did not I leave this trifling case, like the preceding one, without any medicine? Also, in the absence (as it seems) of any manifest symptoms characteristically indicating a definite remedy, what induced me to seize at once upon *Cham.*, and not *Merc.*, *Ipec.*, *Dulc.*, or *Puls.*?

I do not mind admitting that the diarrhoea, with such strict diet, might probably have disappeared by the second day, even without my *Cham.*; only first, one does see diarrhoea begin just like the above, and yet go on, in spite of the strictest diet, not unfrequently even three, five, or eight days and more; and I am not sure whether the lady, if I had told her she would get well without medicine in two days, and she had still the diarrhoea on the fourth or fifth day, would not have charged me with ignorance and carelessness, and dismissed me and my medicines which I was then prescribing for the first time. The medicine thus primarily benefited *me*—it was a prescription of prudence! But further, my *Cham.* undoubtedly benefited the patient too; and, in fact, what is no small point to settle, at least as a protection and guard against three or four quacks' advice, one of whom would probably, with hot port wine, have turned the trifling catarrh into an enteritis, the next would have disturbed

the stomach radically with a quantity of marsh mallow, or some such relaxing tea, which only disorders the stomach, the third would have muddled her head for days with *Laudanum* and given rise to derangement of the evacuations for weeks to come. The second question I could answer by the simple retort—if the morbid symptoms afforded no sufficient grounds for the choice of the remedy, what then should oblige me to give *Merc.* or *Dulc.*, &c., and not *Cham.*?! My worthy friends can bestow no approval on a blind, wilful grope into the medicine-chest. The grounds of an adequate motive must have universal validity, and its cogent logic must, as everywhere else, find its application here also. I cannot blame them for saying so. Let me then look about for “grounds” which I may have had for the choice of my remedy.

Who knows but I may have, as here and there other of my brethren have, my pet medicines? Medicines on which, as adopted children, one sometimes bestows a vacant office without a very strict previous examination.

Although that were somewhat of a sufficient ground, yet I may not cloak or excuse a mental weakness with a virtue of such questionable value. In the case before us, the medicine I hit upon admits of being justified strictly, *judice Hahnemanno*.

1. The disease had come on *suddenly*.
2. The subject was a *female*; the time, *night*.
3. The patient was of a violent *excitable* temperament ('R. A. M. L., B.,' iv, Vorwort zur *Kamille*).
4. The diarrhoea was accompanied with considerable cutting pains, and came on without straining (*vide Chamomilla* symptoms, 174, 178, 189). In this four-fold respect *Cham.* was to be preferred to the *Merc.* and *Dulc.*, which came next in the choice. The *causa morbi*, a chill, even if it were quite ascertained, would decide nothing as to the choice, because this etiological element appears common to all three.

GUMBOIL.

CASE 4.—Countess K—, æt. 54, was suffering about a
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week from toothache. In the last two or three days, a swelling had formed about the size of a walnut in the gum, near the root of one of the incisors ; the pains very violent especially at night ; at first rather dull ; at present, tearing, throbbing ; with this, a collection of tough saliva ; bad taste in the mouth ; moderate fever ; total loss of sleep. One tooth is loose, somewhat lengthened, and cannot bear the least touch without pain.

The injury commenced, no doubt, with inflammation of the alveolar membrane ; *Merc. sol.*, Hahn., seemed to me suitable. A dose of the third trituration every two or three hours. This morning, the excitable, impatient lady had, in spite of my prohibition, had the tumour opened by a dentist ! Some blood and pus had escaped, whereupon the pain became much slighter, and the patient had since then slept quietly some hours.

Then I was wrong to forbid the lancing ? Not so wrong ! The incision, like all similar premature operations, had in this case also evil results. After half a year the wound was not yet quite healed, and kept discharging a few drops of matter every day. For my part, with regard to early meddling with the knife, during the process of suppuration, whether it be a healthy one or otherwise ; whether the seat of the abscess be the groin, the neck, the axilla, or any other glandular part, in a bone, or the periosteum, or cellular tissue ; whether it be a bubo, a boil, an anthrax, a whitlow, a suppurating or *non-suppurating* cyst, or a simple abscess, I consider such practice not merely superfluous or indifferent, but positively pernicious.

I have seen inguinal glands opened in the first eight or ten days of suppuration ; and this in a case of a young man who was otherwise previously healthy and strong), and not unfrequently they were not fully healed after four to six months, nay, in some cases, after a year or two ; whereas the suppuration being left to take its course undisturbed, and coming to a head within fourteen or twenty-one days at furthest, it bursts of itself and cicatrizes in a short time. The already formed pus is just the best means for promoting the resolution or suppuration of that remainder

of the inflamed or indurated cellular and glandular tissue, which has still to be softened and to suppurate. As for the assertion that by delaying or utterly neglecting to open an abscess, you may easily have fistula, sinuses or absorption of the matter—"pyæmia" as a result, it seems to me, utterly groundless; assuredly this is far less to be feared during a process of suppuration that runs its normal course and is consummated, than during one which is interrupted, and after a chronic course comes to an end tediously and imperfectly.

Even in anthrax, where the necessity of making an incision with the utmost speed is proclaimed as quite absolute, the knife, according to my experience, does more harm than good. My practice has presented a very interesting case in this respect.

T—, silversmith, about 40, of weakish constitution, fell ill with violent fever symptoms. An anthrax formed on the nape, which was opened by Prof. D— in a few days, by a bold crucial incision. Some seven or eight weeks after I was called in, I found him in the highest state of fever; skin hot and dry; pulse small, much accelerated; sleep none, or else lying in a slumber with rambling talk. A second anthrax had formed to the extent of at least two hands' breadth, on the back between the scapulæ. The pus was flowing already out of ten or twelve openings, from the size of a millet seed to that of a pea.

Arsen. 3, a dose every three hours.

A few days after this, Prof. D— astonished my patient with a visit, being sent by a kind friend. He conjured him and his wife by all that was sacred to mind what he said: that the opening of the abscess was inevitable, and delay highly dangerous—it was a purely surgical case and so on. However, the result in no way confirmed the learned professor's fears and prophecies. The anthrax was not opened, and yet had cicatrised long since, while the first on the nape that was maltreated with the knife, was still discharging an ugly brownish-grey matter, and took nearly two months more to cicatrise perfectly.

INFLAMMATION OF THE BLADDER.

CASE 5.—Mr. G—, sugar baker, æt. 68, had on the previous night suffered from frequent and very painful urging to pass urine, which came off in very small quantity, generally in drops. That which passed in somewhat larger quantity was dark red; that passed in drops had the appearance of blackish, viscid blood. With this the region of the bladder was tense and very sensitive to the touch. The temperature of the skin raised; pulse accelerated; great thirst; total loss of appetite; constipation; this last being an habitual trouble.

No visible cause could be assigned. The patient ten years before had a similar attack, and ever since suffered at times from transient urinary complaints. In general, gravel or calculi lie at the bottom of such attacks.

Treatment.—Rest in bed strictly enjoined. *Hyos.*, a few drops of the tincture in half a glass of water—two teaspoonfuls every half hour; moist warm linseed-poultices in the region of the bladder. *Diet.*—Water, some milk of almonds, plain broth without salt.

Same day, evacuating less frequent; urging; no more blood; quantity increased. The same medicine every two hours.

Next day, progressive improvement.

Third day, urine without pain, still reddened and turbid; appetite returning; the medicine every three hours; no more poultice; strong broth. On the fourth he left his bed; no more medicine.

Whether the rapid recovery here be due to the mechanical part of the treatment, to the poultice having relaxed the vascular and nervous fibres, diminished the pain, and promoted the movements in the first and last ramifications of the vessels, or to the virtue of the *Hyos.*, or to the diet and rest exclusively, might be more easily asserted than proved.

A second question, which has given rise to manifold controversies amongst Hahnemann's disciples is this, Does the

spirit of the *Materia Medica Pura* harmonise with the mechanical treatment? Is the latter, along with the former, needful or superfluous? is it conducive to the desired effect, or does it hinder? or is it a matter of total indifference? My view and answer are confined to the bare statement of the above case. The mechanical as well as chemical part of medicine is no privilege of any medical school, but common property.

INFLAMMATION OF THE THROAT.

CASE 6.—Mrs. A—, about 30, had an inflammation of the throat for a fortnight. In three days after the attack eight leeches were applied. These, in the opinion of the patient, removed the inflammation; still there remained a very sensitive constrictive pain in the throat, and swallowing still continued difficult. The inner parts of the throat only a little reddened, the tonsils still somewhat swollen. *Bell.* 1, a dose every three hours, perfectly removed the suffering in three days.

Trifling and free from danger as sore-throat is in general, yet even here the great superiority of the physiological system over the dosing and leeching craft lies clearly before us in various points of view.

1. Such inflammations are, as a rule, removed under our treatment in three to five days when treated at the outset, whilst after leeching I have seldom seen them removed in less than a week or a fortnight.

2. Bloodlettings, especially in inflammation of the tonsils, have this disadvantage, that ordinarily (of course owing to the enfeebled action of the absorbents) a considerable tumour still remains there which is of itself troublesome enough, but, moreover, gives rise to frequent relapses. Such swollen tonsils (often so large that surgeons fond of operating declare their extirpation indispensable) I have removed over and over again by long employment, sometimes for months, of *Laurocerasus*, and especially of *Spongia* and *Merc.* But several cases have also come before me in which these medicines did no good, and the tonsils never came to their normal condition till, after a

relapse into inflammation, they were treated without blood-letting, and so cured at last.

3. Actors, singers, preachers, being subject to frequent inflammation of the throat, have found, by sad experience, that after frequent bleeding their voice becomes weak, powerless, husky, rough, and hoarse, so they are generally enthusiastic Homœopathists.

4. Inflammations of the throat do not always come on idiopathically; they are also the usual symptomatic precursors of eruptions, especially scarlet fever and measles.

As in the days of Peter Frank (*De curatione hominum morb. Epit.* 1, viii, 277), so to this day we are at a loss for any sure pathological sign from which one can at once prognosticate the subsequent breaking out of the eruption.

“From the premonitory symptoms one can at the most, during an epidemic, suspect with some probability that an eruption will be developed” (Naumann, *Handb. d. Med. Klin. B.* 3, *Abth.* 1, s. 665). So that even to the most acute diagnost it is quite impossible to distinguish an idiopathic inflammation of the throat from one which sets in as the precursor of an eruption. Even the greatest amount of learning and the most ample experience, together with the most careful circumspection, is here insufficient to prevent mistakes.

If we turn away our eyes from the inflammation of the throat, we see that the stage of eruption (fermentation, irritation) often begins and runs its course with symptoms which, though depending on the eruption as a cause, yet do not betray the least relation to any such phenomenon. A general feeling of illness, prostration, giddiness, heaviness, confusion of the head, derangement of the digestion, loss of appetite for some days, constipation, restless sleep, pain in the limbs, feverish excitement—how easily and how often may such sufferings draw the physician of the old school into emetic, sudorific or purgative* treatment! And by

* “In acutis affectionibus, præsertim in principiis raro purgante utendum est.” Hippocrates, *Aphor.*, i, 24. “Frequens tum mea tum celeberrimorum observatorum experientia me didicit, acutos morbos ab adhibitis in principio purgantibus in pejus ruere.” Bagliv., I, ii, c. 10, 86.

such a procedure may not the regular development of the eruption be delayed or quite suppressed, the due course of the accompanying fever disturbed, the whole morbid process perplexed, and thereby a foundation laid for an unhappy termination.* The adherent of the reformed medicine does not, by any means, escape the diagnostic error; only, in this case, he can do no negative harm, much less positive, for he would, with the above symptoms, even if he suspected the eruption behind the scenes, or recognised it with certainty, still always find the very same medicine indicated.

Mistakes in the treatment of the prodromal stage of an acute eruption, be they ever so unavoidable and pardonable in themselves, are especially fatal for the patients, yea, even they may become the immediate and sole cause of death; of this, Dr. Becker, in 'Casper's Wochenschrift,' 1837, reports a very remarkable instance.

A strong man who was previously in steady health was taken ill with chilliness, nausea and headache. Two days afterwards violent stitch in the side, fever and difficulty of breathing set in. PNEUMONIA! therefore bleeding! scarcely, however, had six ounces flowed when the patient began to retch and vomit† violently. Dr. B— at once closed the vein, ordered milk of almonds and saltpetre, with *Cherry-laurel water*, and a mustard plaster on the chest. Upon this the stitch abated, and the breathing was freer; only now the hypogastric region was covered with a dark scarlet *redness*; and on the extremities reddish specks showed themselves, often passing into blue. With this are associated anginous sufferings, repeated bleedings from the opening in the vein, violent fever, sleeplessness, wandering talk, hæmoptœ, bloody stools; the specks turned into suppurating pock pustules; the angina became gangrenous; the bleeding from the rectum, urethra, and lungs became constantly more copious in spite of the most powerful astrin-

* "Natura hinc inde tum à morbi vehementia, tum à remediorum pondere variè distracta, et quò se vertat nescio, tandem succumbere cogitur." Bagliv., I, "Da Crisi."

† "Quod si vehemens febris urget in ipso impetu sanguinem mittere, hominem jugulare est." Corn. Celsus, *Select. Sent.*, ii, 35.

gents. The man was dead in eleven days from the commencement.

“*Medico tantum hominum occidisse impunitas summa est.*”—*Pliny*.

To illustrate and confirm the above I only extract the two following out of the great number of cases which my practice furnishes in confirmation.

1. Marie G—, a feeble nurse, æt. 50, is ill since yesterday. Towards noon she took a chill, then dry heat and violent pain in the throat; passed the night without sleep. To-day she complained of great weariness of limbs; piercing pain in the head and intolerable pains in the throat, which render swallowing almost impossible; notwithstanding torturing thirst she cannot get one gulp of water down. The back part of the palate, the uvula and tonsils, are much reddened and swollen; dry heat; hard and quick pulse; photophobia; tongue coated white; urine turbid, muddy.

Aconite 3 in half a glass of water, two teaspoonfuls every two hours.

Even that same day, towards evening, considerable amendment; slept several hours in the night; by next morning headache gone; can swallow almost without pain; yet the inner parts of the throat still red; urine with thick yellowish-red sediment. Same medicine every three hours. Diet—water, milk, and soup. Next day, the third of treatment, the patient, after sleeping quietly all night, feels quite well, and attends to her duty as usual.

CASE 2.—Mrs. Z—, wife of Professor Z—, aged about 30, has had sore throat some days. Marsh-mallow tea and meal poultice give no relief, so I was called. Having been previously a faithful client of allopathy, she is determined this time to make a trial of homœopathy.

Sketch of this disease, January 19th, 1838.—Pain in the throat; burning; throbbing; constant flow of saliva into the mouth; swallowing causes intolerable pain; the mouth can hardly be opened a few lines; speaking very difficult and nasal; the throat outside is much swollen near the angle of the jaw, and very sensitive; thirst violent; pulse quick, small, and weak; great anxiety and low spirits; the two last nights sleepless. *Bell.* 8 every two hours.

After another sleepless night, January 20th, the same scene; not till evening did any amendment commence; the pains were but little easier; the salivation much diminished; mouth could be opened wider, yet with difficulty, to swallow a little milk of almonds. The highly reddened tonsils reached on both sides to the uvula; yet no ulcerated surface nor discharge could be seen on them.

After continued use of the *Bell.* every three hours, the tonsils in the course of the next four days nearly recovered their normal size; sleep and appetite returned, so that by January 25th the patient could be declared cured.

If you ask whether the period of three to five days was not in this case considerably exceeded, or whether the sufferings in the throat were not present some days before the 19th, I reply with Celsus (l. iii, c. 2), "Multum etiam interest, ab initio quis rectè curatur sit, an perperam." The beginning of this illness in fact goes back some years, during which the patient every third, fourth, or fifth month had been visited by an attack of inflammation of the throat, more or less violent, which had been treated regularly with leeches, poultices, and depletion, and had caused my fair friend, besides a great swelling of both tonsils, a nasal tone as a permanent memento.

The organism, pulled down by bloodletting and purgatives, is unable to carry the process through its several stages with sufficient energy; hence the tedious course, the duration of the disease often a fortnight or three weeks; hence the inability to remove the thoroughly morbid products; hence, lastly, the tendency to relapse and the facility of the occurrence of the same. The roots of the false organic formation still remain behind, and on all occasions, such as a cold, draught, sudden change of temperature or weather, break out afresh.

Otherwise the "three to five days" seem to suffice for the cure in a previously healthy, youthful, strong individual.

The subject of the next case was just the type of such an individual.

CASE 3.—Johann N—, leather-seller, never ill before, notwithstanding his unhealthy trade, after a previous chill,

was seized last night with violent pains in the throat. In the morning I found the palate, the velum pendulum, and the back of the fauces much reddened and swollen; swallowing impossible without great pain; dry heat of the skin; pulse hard and quick; thirst; weariness of the limbs. *Acon.* 2 every three hours; water; plain soup.

Next day fever; pain and redness diminished; urine turbid, with strong sediment. At night the patient had slept but little, and very restlessly. The same medicine—rice, soup.

On my visit next morning (third day of treatment) I found him already at his work; he had slept well and showed no traces of indisposition.

(To be continued.)

REVIEWS.

Gross's Comparative Materia Medica. Edited by C. HERING. Philadelphia and London, 1867.

WE have been looking forward with much interest to the appearance of this work, for two reasons: in the first place, we have long felt keenly the want which this promised to supply; and, secondly, judging by the source from which it sprung, we were anxious to see how the subject would be treated by those who assume to themselves the title of pure Hahnenannians.

That a really good *Comparative Materia Medica* would be useful to those engaged in the practice of homœopathy is self-evident. We all occasionally feel doubtful as to which of two remedies will prove most suitable in a given case, and are thus tempted to indulge in the questionable practice of alternation, and, consequently, a ready book of reference which will show us, at a glance, the differences between two similar drugs would frequently come into requisition. We need scarcely add, however, that the utility of such a work depends, altogether, upon the manner in which it is executed. Since the work reached England, we have studied it carefully, being most anxious, not only to benefit by its contents, but to do justice to the enormous labour which the author must have spent upon its construction. We regret to say, however, that with all our good intentions, we have failed to discover its value in any respect, save as a monument of what to us appears misdirected industry. We should be very sorry to make such a condemnatory assertion without bringing forward the grounds upon which it is established, but to do this satisfactorily, will lead us into certain general questions before commencing an actual analysis of the work itself.

We are told, in the introduction, that the intention of

the work is to remove, in a great measure, the chaos of the *Materia Medica*, and that, for this purpose, it will give "*the DIFFERENTIAL DIAGNOSIS of such remedies as are similar in their effects.*" "It further tells us that one result of preparing the work is to show the *characteristic effects* of such remedies as are herein compared, what is wanting in one diagnosis being found in others; and then it utters the following warning, viz., that "the book has not been written for the generalising physician, and who (*sic*), since he will never fully make use of it by earnest study, is, therefore, also, not competent to judge it."

Now before we proceed a step further, we must inquire the meaning attached to the word *characteristic symptoms*. We had always supposed that the *characteristic symptoms* of a drug were those which gave character to its action, and that an account of these would especially include a notice of the organs of the body, for which the drug showed an elective affinity, and would, furthermore, particularise the exact way in which it manifested its action, for example, whether it proved tissue irritant to the part, or only disordered the circulation through it; and, further, whether the tissue irritation amounted to inflammation, and, if so, whether it proceeded to effusion or ulceration, and if to ulceration, what was the nature of the pus secreted, &c. Information such as this we hold to be invaluable and something like this we certainly expected to find in the book before us; judge, therefore, our disappointment when we found contrasts between *light* and *dark hair*, taking the place of comparisons between tissue irritation and disturbed circulation, and the bulk of the work made up of mere *conditions of symptoms*, to the exclusions of the *symptoms themselves*. This induced us to examine the writings of the "purists," to ascertain, if possible, their idea of characteristics, and on doing so we found the following deliverance: Characteristic symptoms "are often *trivial*, never necessarily belonging to any form of the disease, but appearing *absolutely accidental.*" We are, further, told that they divide the symptoms of a case into the *essential* symptoms, or those necessarily belonging to the disease, and the

characteristic, or those which serve to individualise the case. This of course changes the whole aspect of the question, and we learn that we must not expect to find anything which shows us the essential action of the drug, but merely the peculiar symptoms which have been observed concerning it, and which are sufficiently unique to separate it from other drugs.

Let us now calmly consider the question. Can such minute peculiarities help us in the selection of the proper remedy, and, if so, under what circumstance? If we turn to the writings of the "purists," we find one of their best men, Dr. Carroll Dunham, answering this question as follows:—"If we find clear characteristics of any drug in the symptoms of any organ of the body, no matter what symptoms may be presented by other parts of the body, and no matter how little these latter symptoms may seem to indicate this same drug, we are confident that the remedy will cover the whole case, and cure the entire disease."* Astounding! Let us see, for a moment, to what this would lead. *Nitrum* and *Thuja*, says Lippe, have the sensation "as if the parts were made of wood;" and *Rhus*, according to Hahnemann, has the sensation "as if the foot were made of wood;" besides these we can find no wooden symptoms, and hence they may fairly be called peculiar. It would follow, therefore, according to the pure Hahnemannian, that every patient who complains of the foot feeling like wood, must have *Rhus*, *Thuja*, or *Nitrum*; or if any part feels wooden, *Nitrum* or *Thuja* only will cure him, no matter what disease he may labour under. Let him have hydrocephalus; diphtheria; pneumonia; pleurisy; cholera; dysentery; rheumatic fever; hepatitis; syphilis; Bright's disease; scrofula or tuberculosis, no matter if he has the wooden feeling—*Rhus*, *Thuja*, or *Nitrum* he must take, and *Rhus*, *Thuja*, or *Nitrum* will cure him!! Are the "purists" prepared to accept this? if so, we candidly confess that we are utterably incapable of understanding their very first principles, but if we have misrepresented them, what does Dr. C. Dunham mean?

* *American Homœopathic Review*, vol. vi, p. 172.

Hitherto we have referred only to symptoms so peculiar that they would serve to distinguish a medicine from most, if not all, other remedies ; but if the *Comparative Materia Medica* deals only, as it professes to do, with characteristic symptoms, we find that any and every symptom recorded in the proving of a drug becomes in its turn characteristic, when comparing the medicine with any other drug which has not precisely the same symptom, so that, after all, the practitioners must learn every symptom and every variety of symptom contained in the provings of every drug, as each and all may be needed in his differential diagnosis ; and as if this were not enough, Dr. Gross and his editor, Dr. Hering, admit all symptoms, "*ab usu in morbis*," and raise them to the same rank as the symptoms obtained by the provers ! (We have already expressed our entire disapproval of this step in our notice of Dr. Lippe's *Text Book* in our last vol., and need, therefore, say nothing further on this point.) Now, if we admit all these symptoms, how can it possibly be said, that this book removes, in any degree, the chaos of the *Materia Medica* ? Does it not add immensely to it ? assuredly it does, and we think we shall readily prove this to our readers when we come to analyse the work itself.

Our next general observation refers to a very important point, since it touches upon what the "purists" have arrogated to themselves as their especial characteristic. Throughout their writings we continually meet with the expression "individualising," or "generalising," and they give us clearly to understand that it is they who individualise their cases, while their opponents content themselves with vague generalities. Is it so ? Let us see. When a homœopathic practitioner, who looks to physiology and pathology for help, studies the provings of any of our drugs, he examines first and especially the full records of the provers themselves, and in point of fact never feels sure of his ground, in diagnosing a drug action, unless these or something equivalent are accessible to him. Having carefully examined all the effects produced on each prover, and ascertained wherein the effects corresponded among all the provers, and also

noted the individual differences, he diagnoses the physiological effects produced by the drug, and then feels that he knows something about it. When, however, he finds two or more drugs which agree closely in their general physiological effects, he compares more closely all the minute differences detectable in the action of each, and thus it happens that, in all our well-known drugs, we become acquainted not only with their general action, but with the special differences of each. Does this merit the name of generalising? we think not. If now we endeavour to trace the drug studies of the "purist," we find that he classes together all the similar conditions and, apparently by the numerical methods, decides in favour of the one which occurs most frequently, and dubs it with the title of *characteristic*; thus, if a remedy has twenty symptoms, "worse on stooping," and eighteen symptoms, "relieved by stooping," it would probably be recorded "Predominantly worse on stooping." If, however, only eight or ten symptoms were relieved by stooping, the record would stand unmodified, "worse on stooping." Observe, no hint is given as to what symptoms become worse on stooping, and yet how important such a distinction must be; for example, headache or vertigo, worse on stooping, refers to the state of the circulation through the brain. Pain in the back, worse on stooping, refers to stretching; pain in the abdomen, worse on stooping, refers to compression; pain in the groins, worse on stooping, refers to bending. Again, take the condition "relieved by rubbing:" what very different states this would indicate when joined to such symptoms as colic, pains in the limbs, swollen glands, an itching rash, or cold hands or feet. So much for simple conditions. Take now a concrete one, for instance, "worse in bed;" this includes the time, "night," the position, "lying," the state, "at rest," the temperature, "warmth," the fact of "being covered," and also of having all "tight garments removed." Surely in using these conditions without defining the exact symptoms to which they belong, the "purist" is guilty of the crudest generalisation, and hence merits the name by which he seeks to stigmatise his opponent.

It appears to us a most dangerous method of selecting a

remedy, to permit the choice to depend upon a mere condition, and not upon a symptom with its condition attached, for in the first place it must always be doubtful how far the condition is essential or accidental, and it would be only a wise caution to forbear linking the two together until their repeated association had proved their correlation.

In the early days of our study of Homœopathy, we often speculated on the probability of many of these minute particulars proving ultimately to have no real connection with the symptom at all; and we recalled to our memory an illustration employed by Dugald Stewart, to show how by experience knowledge becomes simplified. He supposes one of the earliest of the Arabian physicians sinking down near a spring in the desert, parched with fever, and refreshing himself and curing his fever by copious draughts of water, and afterwards directing his patients who were suffering in a similar manner to go to the same spring, and while lying on the left side to stretch forth the right arm, and filling a shell with the water, to drink it when the moon rose above the horizon. Thus directing them to repeat the experiment exactly as he himself had done. In the process of time, however, experience would discard all the conditions and concomitants, and leave the simple truth that the fever may be allayed by draughts of water. Precisely in the same way we always thought that Hahnemann directed his provers to record every, the most minute particular, since he could not foresee what might ultimately prove useful, and what might be discarded. We never imagined, however, that, as time wore on, the conditions should come to be exalted above the symptoms, and made the touchstone of differential diagnosis. Of course we do not mean to discard the consideration of conditions altogether—far from it; we merely protest against their being exalted into too great prominence, especially to their being separated from their symptoms. Those who are acquainted with the Repertory partly published by the Hahnemann Publishing Society, will observe how carefully the compilers of that work, have avoided this error; every condition is connected with the special symptom with which it was associated in the proving,

and no grouping of conditions is given except under the head of pain, where all the varieties of pain occurring under a given condition are grouped together; but even here the symbol is added to denote the peculiar class of pain to which the condition referred. In this way all possible error is avoided.

After these introductory remarks we may now proceed to the examination of the work itself. We are told in the introduction that "our treasury of remedies has grown so much that the publication of further provings of new remedies seems only exceptionally desirable." And in a footnote it is added, "It is certain that one succeeds better with a *few* well-known remedies than with *many* whereof he knows little." There is an error here which we should like to point out. It is not the number of medicines, neither is it the extent of our knowledge of each that will influence the success of our practice, but it is the *accuracy* and *precision* of what we do know which guides us right. Of course before one attempts to descant upon the curative powers of any individual drug, it is essential that its entire action should be comprehended, otherwise an unfair estimate of its value will be given. But in the matter of curing his patients the physician who has an accurate knowledge of certain limited actions of a large number of drugs, will be quite as well armed as the one who can cover the same field by an exhaustive knowledge of a few well-proved medicines. What though he uses *Arnica* only for bruises, if he knows other medicines which will meet the gastric symptoms that it cures, his patients will not suffer. Perhaps, however, we may be told that in any case there is but one drug which is really and entirely Homœopathic to the morbid condition, and that accordingly there can be no real substitute for *Arnica* in the gastric condition which it cures; but this admission would prove far too much, since it would hence follow, of necessity, that before our armoury would be perfect we must know every action of every medicinal substance in nature.

The next point which strikes us in the introduction is a long list of assertions stated to be drawn from an examina-

tion of the comparisons of drugs, and which Dr. Gross brings forward as corroborating the truthfulness of the proving by their physiological harmony. The general fact we fully admit, but among the examples given are many which seem to us extremely fanciful, and several which are practically untrue. For instance, he names, as one of the symptoms characteristic of hepatic remedies, the occurrence of "scentless flatus," whereas it is well known, as Dr. T. K. Chambers has pointed out, that with an inactive liver, the fæces and flatus are peculiarly foetid and putrid, owing to the absence of bile, which is an antiseptic. Again, he says, that with increased sexual desire there is generally combined diminished secretion of urine, whereas Lallemand assures us that just the contrary is the case. On the whole, we consider this list of physiological unities as singularly unsatisfactory.

Further on we are told that certain symptoms of the provings must always be employed by the law of *contraria contrariis*; as, for example, if, in the medicine, the symptoms extend from *below, upwards*, or are manifestly *first on the left and then on the right side*; in the patient, the symptoms must extend from *above, downwards*, and must pass over from *right to left*. No reason whatever is given for this exceptional case, but it is dogmatically asserted to be necessary. We are also told in a foot-note, that as *east wind* in middle Europe is a land wind, it had to be translated *west wind* in America! We have yet to learn that the peculiarities of the east wind depend solely upon its blowing over the land, and in the mean time we strongly doubt the truth of the explanation.

In some remarks by the editor, Dr. C. Hering, we are assured that by means of this book a student can now "become familiar with the *very essence* of our knowledge of drugs." We thought it well, therefore, to put this assurance fairly to the test, and we accordingly selected *Puls.*, because it is among Hahnemann's best-proved medicines, because its action is well known to most of us, and because Dr. Gross has compared it with no less than seventy-two medicines. Dr. Hering advises the student to

read the proving first in Dr. Lippe's *Text Book*, and then examine the comparisons: we have accordingly done this; we have read what Dr. Lippe says about *Puls.*, and we may here state that, as far as his outline goes, we like it—it gives a very fair general idea of the drug, and certainly there is nothing likely to mislead in practice. We then carefully read through the whole seventy-two comparisons, and we are so anxious to do full justice to this work that we will here insert the result of this examination, so that our readers may at once see what Dr. Hering calls “the *very essence* of our knowledge of *Pulsatilla*.”

Pulsatilla, characteristics of, according to Gross:

1. Oversensitiveness to pain.
2. Numbness of suffering parts.
3. Often indicated for women and children.
4. Affects *right side*, particularly *lower right* and *upper left*.

Nervous apoplexy, more rarely paralysis, which is generally painless. Thirst only during and before the fever heat, more rarely after the heat. Pulse frequently suppressed, with strong beat of heart, generally quick, small and weak. Desire for the open air; aversion to motion; disinclination to wash with cold water; chill over lower part of body; chill lessened in open air; chilliness accompanying the pains and worse as the pain is worse; heat on one side (right); heat abated by motion; heat of suffering parts. Sweat smells musty, or like musk; increased while eating; sometimes only on the back. Hæmorrhage of dark blood; blood speedily coagulating. Skin dry; painful eruptions; eruptions all over the body, except the face; erysipelas with a smooth skin; hot painful swellings of the glands. Complaints predominating in internal parts; predominant blueness of diseased parts; emaciation, principally of suffering parts. Secretions of mucous membranes and ulcers often increased. Pains come on suddenly, and disappear gradually. Pains pressing from within outwards; pains wandering from place to place. Sympathetic neuralgia. Diseases of bones, even to caries. Dropsy, predominantly of external parts. Complaints predominate on lower lip, inner ear, roof of mouth, lower part

of chest, upper arm, back of hand, hollow of knee, sole of foot, external nose, and liver. Itching unchanged or aggravated by scratching. Sleeplessness before midnight; precipitancy; rashness. Changing mood; absent-mindedness; melancholy; irritability; lachrymose humour; boldness; good-naturedness; gentleness; indifference; embarrassment; amateness; greediness. Sometimes weakness of reasoning powers; rarely delirium or unconsciousness. Anxious feeling at præcordia; vertigo, with tendency to fall backwards. Eyes sunken, pupils most frequently contracted, short-sighted; optical illusions in bright colours; bloated under the eyes; predominant affection of the internal canthus. Smell, predominant loss of; subjective smell, like an old catarrh. Deafness. Saliva generally increased. Fat disagrees; hunger frequent, occasionally ravenous; nausea in throat, stomach and abdomen; vomiting, oftener bitter than sour; tendency to diarrhoea, most frequently painful. Urine involuntary, more frequent than retention, infrequent and scanty. Menses most frequently too short, too late and scanty, rarely profuse; suppressed from getting wet feet, with frequent and vain urging to urinate; nervous complaints when menses do not appear; epistaxis when menses are suppressed; deficient labour pains, with relaxed os, or spasmodic pains; sexual desire increased; milk increased. Coryza more frequently fluent than dry, sometimes one-sided. Cough, most frequently with expectoration, especially in the morning and by day; irritation to cough felt in epigastrium; respiration without rattling, but with a dry sound; accumulation of mucus in larynx and trachea; difficult expiration; voice low, rough and hoarse. Joints, crackling of; wrist and hand cannot hold anything; soft shining white swelling of knee; corns.

Worse.—From noon till midnight; during and after sweating; from touch; when resting and beginning motion; after eructation; after drinking; when looking up. *Predominantly worse* from warmth, when growing warm, in warm, moist air. when closing the eyes, on expiration, from loosening the clothes, when sitting, from letting the diseased limb hang down, when lying on the painless side, in bed,

during sleep, from rubbing diseased part, after drinking wine, from warm food.

Worse or better.—When swallowing, particularly worse when swallowing saliva; in the dark; when sitting down; when standing up; when rising from bed, or from a seat; when taking a long breath; from pressure; when bending, or moving the diseased part.

Better.—During continued and moderate motion. *Predominantly better* from cold, growing cold, during cold weather; when opening eyes; on inspiration; when tying clothes tight; from bodily exertion; when lifting or resting diseased limb on something; when lying on painful side; when rising from bed; in sunshine; from vinegar and sours; from bathing and washing; when running.

We now ask our readers to tell us from the above minute particulars, what is “the *very essence* of the action of *Puls.*,” and if any one succeeds in grasping it, we will then bid him to follow us through a little examination into the accuracy of the details. It will be observed that *nervous apoplexy* is noted as a distinguishing characteristic of *Puls.*, and as this occurs no less than forty-two times among the seventy-two comparisons, it must, at least to Dr. Gross, have appeared to be a very important symptom. Where does he get it from? certainly not from Hahnemann, and certainly not from Lippe. Dr. Hering mentions a case on the authority of Pommerais; and Ruckert refers to a case (possibly the same one), but in neither are any particulars given to show that the *Puls.* had anything to do with the recovery of the patient, for be it remembered both, if there are two, are clinical records, not pathogenetic phenomena. We are further told that a characteristic of *Puls.* is “eruptions all over the body *except the face.*” Dr. Clotar Müller, however, finds “*Puls.* 30 remarkably efficacious in *acne faciei* of young growing girls,” and we have ourselves corroborated his remark. Next observe “itching *unchanged* or aggravated by scratching,” and this is repeatedly asserted except when comparing *Puls.* with *Acon.*, which happening to have “itching unchanged by scratching,” *Puls.* is there recorded as characterised by “itching *changed*, or aggravated by

scratching," from which it seems that a symptom can be modified to meet the wants of a comparison; and lest it should be thought that this might chance to be a false print, we will quote a few more of the same kind. *Puls.* is noted repeatedly as having "vomiting oftener bitter than sour," but when compared with *Bry.*, the records stands thus:

"*Bry.* vomiting bitter; *Puls.* vomiting sour." Again, as regards the pulse, we have the following variations of statement:

Comparing *Magn. mur.* with *Puls.*, the latter is said to have "Pulse changed, and sometimes intermitting."

Lach. with *Puls.*—"Pulse rather equal."

Zinc with *Puls.*—"Pulse irregular."

Of course in each instance the other remedy has the opposite condition. But the most marvellous instance of all is in connection with the *moral symptoms*; we all know what stress Hahnemann laid upon the state of mind which especially pointed to *Puls.*, and how accurately he drew the picture of this state in his introduction to the proving. We find too that Lippe follows Hahnemann closely in this respect, but when *comparisons* have to be made, Dr. Gross unhesitatingly characterises the medicine by at least fourteen different mental conditions! which, if they were all characteristic, would simply prove that the emotional state of the patient was no guide whatever in the selection of *Puls.* Again, as regards the temperament, Hahnemann describes its suitability for "slow phlegmatic persons;" and so does Dr. Gross when it suits his purpose, but when comparing *Puls.* with *Caps.*, our remedy is recorded as "sanguine temperament!" So much, for what may be termed internal inaccuracies—when we compare the assertions of this book with the *Materia Medica*, and Lippe's *Text Book*, we have other contradictions revealed—for example, "vertigo, *with tendency to fall backwards*" is repeatedly noted by Dr. Gross. Hahnemann only records the direction of the falling once, and then it is written, "as if he would fall *forwards*." Dr. Gross says that the respiration of *Puls.* is "*without rattling, and with a dry sound*." Lippe says, "Breathing groaning or rattling!" Surely one cannot recommend either the

student or the busy practitioner to trust such an erring guide as this.

Having failed to learn *Puls.* by the method recommended by Dr. Gross and Hering, we next tried what assistance we could derive from the *Comparative Materia Medica* respecting medicines so similar in their action that we had often doubted which to prescribe, and we accordingly selected *Bell.*, *Hyos.*, and *Stram.*, and examined carefully what Dr. Gross had to say upon their differences. We, however, found nothing that would help us in the very least. We are certainly told that *Stram.* and *Hyos.* are most suitable for persons with "*light hair*," and *Bell.* "*generally dark hair*." That in the *Stram.* symptoms, the *left side* predominates, while in *Hyos.* the order is "*upper right and lower left*," while in *Bell.* the *right side* predominates, but at the same time the order is *upper left and lower right*, and a good deal more of the same kind. The internal accuracy also is much of the same sort as in *Puls.*; for example, in comparing *Bell.* with *Stram.* we are told that a condition of the symptoms of the latter is "*worse, particularly from sunlight*;" but when *Hyos.* and *Stram.* are compared, we are then told as regards *Stram.* that the symptoms are "*predominantly better in the sun*." All three remedies are referred to as curative of puerperal convulsions, and they are distinguished from each other thus, *Bell.*—"puerperal convulsions, *with congestion of the brain*;" *Hyos.*, ditto, "*with grinding of the teeth*;" *Stram.*, ditto, "*with copious sweat*." But what the poor doctor is to give if his patient should have marked symptoms of cerebral congestion, and should grind her teeth and sweat freely—a very probable combination—we cannot imagine. Perhaps in such a case, rapid alternation of the three drugs would be admissible, or the whole three might be given at once.

The work also contains what Dr. Hering considers "very interesting observations regarding cures of horses;" and since these are arranged in the comparisons among the other symptoms, we presume that they also are deemed suitable for "differential diagnosis;" if so, we should like much to be enlightened by an experienced veterinary what he would make of the following contrast:

Bell.

“With horses.—Founder with dragging of the hind legs.”

Stram.

“With horses.—Inflammation of brain, with wavering on the common.”

We, in our ignorance, had fancied inflammation of the brain to be rather too serious an ailment to require the differential diagnostic mark of “wavering on the common,” and we cannot at all appreciate the necessity of telling us where the “wavering” occurs. Does it refer to the fact of “the common” being in the open air, or has “wavering on the common” something in it which specially contrasts with “dragging of the hind legs?” We give it up.

Determined to do our work thoroughly, we next examined to see how two very dissimilar medicines would look when compared together. We selected two pairs, *Ars.* and *Bell.*, *Rhus.* and *Calcarea*, the general action of which, we think, are quite sufficiently distinct to prevent their being confounded together, but, alas! the result again was utterly unsatisfactory; they looked in Dr. Gross’s book just as like one another as *Carbo-animalis* and *Carbo veg.* as any other pair with nearly similar actions.

After all our attempts, therefore, we were forced to the conclusion that either the book itself was useless, or that we still want the key wherewith to open its hidden treasures.

Before leaving the subject we must say a few words more upon the general question of this minute symptomatic selection of the drug. We cannot deny that several excellent and talented practitioners have given in their adherence to this peculiar method, and we are, therefore, the more anxious to ascertain, if possible, its real value. For such a purpose it is useless to trust to recorded cases of cure. No *written* account can ever convince us of the utility or otherwise of a given method of treatment; we can only analyse what we *see*, and many a brilliant cure on paper, loses all its shine when one watches its progress from day to day, and perceives the many other helpful influences at work which may aid the administered drug. But we can much more safely judge of a method by seeing to what conclusions it conducts its followers, and here, fortunately,

we have the means of arriving at something more definite. No one denies that Dr. Lippe is an acknowledged champion of the "purist" school; well, we have it on record, that by following this method of symptom covering, he arrived at the conclusion that the morbid pictures of *cholera* and that of *Arsenic* were so totally unlike, that he refers to the "gross ignorance of Mr. Pope, who can for a moment see a similarity in the symptoms characteristic respectively of *cholera* and *Arsenic*."* We have long since come to a very different conclusion, and we know many of our colleagues who trust unhesitatingly to *Ars.* in the treatment of the worst form of this dire malady, and we still think that, irrespective of the confirmatory results of treatment, the following sketch of its pathogenesis will prove the wisdom rather than the gross ignorance of our friend, Mr. A. C. Pope. We quote from the MS. of a forthcoming work on Pharmacodynamics, by our colleague Dr. Richard Hughes, which we have had an opportunity of seeing.

"In vol. xxiv of the *Brit. Journ. of Hom.* I have endeavoured to prove the essential resemblance between ague and Asiatic cholera. The common ground which these two diseases occupy, viz. the intense excitation of the vaso-motor nerves causing temporary arrest of the circulation, is just the sphere of the action of *Arsenic*. Add thereto the general prostration, the cramps, and the suppression of urine induced by the drug, and you have the really alarming features of the collapse of cholera, compared with which the vomiting and purging are quite secondary matters. Were the latter—as was at first supposed—the essential elements of cholera, *Arsenic* would not be Homœopathic to the disease, nor curative of it, as these symptoms in arsenical poisoning depend upon the gastro-enteritis set up, which in cholera is entirely absent. It was probably for this reason that Hahnemann, on first hearing an account of the disease when it invaded Europe in 1830, named as the drugs most likely from their homœopathicity to be its remedies *Camphor*, *Veratrum*, and *Cuprum*, but omitted *Arsenic*. Further knowledge of the disease has shown that

* *American Homœopathic Observer*, vol. v, 162.

the vomiting and purging are not necessary elements of cholera, and that in some of the worst cases they are altogether absent. *Arsenic* has accordingly been added to the three Hahnemannian medicines. Being perfectly homœopathic to the *general* condition set up by the cholera-poison, and vieing with it in energy, it has become our sheet-anchor in the most desperate cases. In the epidemic of 1849, Dr. Russell at Edinburgh, and Dr. Drysdale at Liverpool, concur in assigning to *Arsenic* the chief place in the treatment of cholera, when the time for curing by *Camphor* has gone by. I would suggest that in this rapidly destructive disease the medicine should be used in the more soluble form of the *Arsenite of Potash* and given in appreciable doses."

Fortunately for those who wish to treat cholera according to the method of the *purist* school, we have on record a successful case treated by one of their members. Dr. B. F. Bowers reported "a case of confirmed sporadic cholera, which yielded promptly to *Camphor* 200, followed by and alternated with *Acon.* 700, then *Phos.* 30"*! Whether any of our English colleagues will be tempted to repeat the experiment remains to be seen.

But Dr. Lippe's study of *Arsen.* has led him to another important conclusion. He has found so close a resemblance between post-diphtheritic paralysis and the symptoms of this drug, that he unhesitatingly assures one of his colleagues who had suffered in this way that his paralysis was not owing to the diphtheritic attack, but was produced by the doses of *Arsen.* 6 which he took during his illness. A collection of cases of paralysis caused by *Arsen.* 6 would certainly be very interesting and instructive, and we trust Dr. Lippe may be induced to furnish such to the profession.

We can say nothing regarding the Appendix, which treats of "the collateral symptoms during stool, during urination, during menstruation, and during coughing," as we have not yet examined them carefully, but from a hasty glance we much fear that they will not prove of great practical value.

In conclusion, we must again express our deep regret

* *American Homœopathic Review*, vol. iv, p. 335.

that we cannot speak favorably of this book. We have felt so keenly the want of such a work, and the present volume is so well got up, so beautifully printed, and arranged so conveniently for reading or reference, that it is with real disappointment we have been forced to come to an adverse conclusion as to its merits; at the same time, it is so full of contradictions, so taken up with what we still must consider trivialities, and so totally incapable of conveying to the reader any useful views respecting the action of our medicines, that we cannot do otherwise than condemn it.

Finally, we would remark, that if the work is one that really gives satisfaction to the self-called *pure* Hahnemannians, we must freely confess that we cannot in the least understand either their method of studying our medicines, or the principles on which they conduct the selection of the drug in any given case of disease.

The Homœopathic Directory of Great Britain and Ireland,
1867. London: Turner, 1867.

This most useful publication, which is, we believe, still edited by Dr. Bayes, though his name does not appear on the title-page this year, is much improved and enlarged. It contains, first, a list of the registered physicians and surgeons practising Homœopathy in the British Isles. Then those qualified practitioners whose names do not appear on the medical register. To these gentlemen we would say, "Why not?" Then comes a list of five practitioners holding American degrees not recognised by our Medical Council. To these gentlemen we would say, "Get British qualifications." Next comes a list of the homœopathic veterinary surgeons. Next follows the London list, arranged according to the postal districts. In this list, by the way, we observe a name which does not appear in any of the foregoing lists—that of Mr. Scheibler. As regards him, we would ask, if he is entitled to stand in the London list, why does he not appear in any of the previous lists; and

if not entitled to appear in any of the latter, why should we find his name in the former? Then we have the provincial list, arranged alphabetically according to the names of the towns. Along with these towns are given the names of towns with a considerable population, but no homœopathic practitioner—a very useful feature for those who are hesitating where to set up. Next we find a very imperfect list of foreign practitioners, which we think might have been easily enlarged. Spain occupies the largest portion of it; but France, Germany, Italy, and many other countries, are scarcely represented. The editor might readily have procured the French and German homœopathic directories, had he wished to complete this portion of his work. It is absurd that France should be represented by the three insignificant towns of Nice, Cannes, and Hyères, and Switzerland by Lucerne. This portion of the work we hope to see extended in subsequent years, or else done away with altogether. After this come the homœopathic hospitals, dispensaries, and societies of Britain; then a not very perfect list of homœopathic serials and works on homœopathy; next the names of the General Medical Council, and a copy of the Medical Act. This is followed by an abstract of the principal contents of the three chief homœopathic periodicals of this country. This part must have required a good deal of labour, and it is very satisfactorily executed. The volume concludes with the obituary of homœopathic practitioners for the past year.

On the whole, we are highly pleased with this year's directory, and consider it indispensable to every practitioner.

CLINICAL RECORD.

Case of Paralysis of the Portio Dura. By Dr. DRYSDALE.

The patient was a woman, six months pregnant, otherwise healthy.

In December, 1866, in cold, damp weather, but without any

special exposure to cold, or apparent catching cold, she had for a few days some faceache in the right side, not very severe. After *Staph.* these went away, when on the 19th she began to feel stiffness in the muscles of the face and difficulty of eating and speaking. Next day it was observed that paralysis of the right side of the face had taken place, and on speaking or laughing the mouth was drawn to the left side. At rest little was visible but the usual passionless expression of the right side. The forehead remained smooth when the other side was wrinkled, and the eye could not be completely shut, as the lower lid could not be closed. In eating, the morsel stuck often in the cheek, and speech was somewhat indistinct. No pain, and the health unaffected. *Bellad.* every six hours was given for four or five days, with little change. Then *Rhus.* 1, in the same way, without any material change in the essential symptoms, though there seemed gradually a little more control of the masticating muscles. Towards the end of the second week of the disease she began to feel tenderness to touch, first round the ear, and then in the temple, and finally in all the paralysed side of the face. There was no pain *per se*, but the skin was very sensitive and painful to touch and pressure. This symptom indicates, among a few others, *Kali chloricum*, according to the repertory under "sensibility." On referring to it, though there is no mention of paralysis, it seemed to correspond also to the painful affection first present, and, as they were possibly all connected in some way unknown to us, I gave it, in the dose of one grain of the first decimal trit., every six hours. In two or three days the tenderness subsided, and the power began to return, so that she could now wrinkle both sides of the forehead, and the mouth was little drawn in ordinary speaking, though still in laughing. The improvement made progress, so that at the end of another week nothing was left but the slight drawing of the mouth on laughing. No farther medicine was then given, and gradually the whole disorder went away, though for a time there was a tendency to stiffness and slight drawing of the features on exposure to cold wind.

Remarks.—This case seems to throw light on the true meaning of the "totality of the symptoms," as a guide to the choice of the specific remedy. We do not find paralysis of the muscles of the face among the pure symptoms of *Kali chloricum*, and, nevertheless, it proved the specific. The explanation of this is, I think, that in most or all instances we do not really attempt to find a

medicine that covers the totality of the symptoms, but each medicine only corresponds to certain elementary morbid states, which together form the disease, or are separate links in the chain of morbid processes that culminate in the chief phenomena which we are pleased to call the disease. In this case the paralysis of the portio dura may have merely been dependent, in some unknown manner, on the hyperæsthesia of the fifth pair, and, when that was removed, naturally subsided of itself. The consideration, therefore, of the "totality of the symptoms" may mean, first, to obviate mere error in the application of a medicine; apparently like in symptoms to a morbid state, of which it is not the pathological *simile*; and second, the elementary morbid states to which we apply the similar medicine must be so much in harmony with the totality of the disease that they can be ameliorated or removed without violently suppressing them. And this is, in fact, what we generally find in practice. It is seldom that a whole case of disease can be cured by a single homœopathic remedy, and when such takes place the medicine does not necessarily cover every symptom present, but merely enough to show that it is the pathological *simile* of the chief, or perhaps even one elementary morbid state of sufficient importance, that the cure will take place when they, or it, are met. In most cases, however, we require a succession of medicines, generally chosen as the symptoms are developed, which, as it were, dissect out the elementary morbid state to which each is similar, as far as the nature of the disease admits of this. Sometimes, even, when the disease is of a sufficiently stable nature, the medicines may be chosen *à priori* which are suitable for the whole disease, either in succession or alternation,* as has been done by Hahnemann in several notable instances, such as typhus, croup, cholera, &c.

* This has been denied by some Homœopaths, but I think only in forgetfulness of what Hahnemann in the *Beleuchtung*, *R.A.M.L.*, vol. iii, p. 57, says:—"For Purpurfriesel *Aconite* must be the specific remedy (at times alternated with raw coffee), and experience demonstrates that it is so."

Also, "The symptoms of the membranous croup are found in counterpart in the *Pure Materia Medica* among the symptoms which burnt sponge and *Hepar s. c.* produce; and lo! the two in alternation, and in the smallest dose, cure this frightful disease of childhood, as I first discovered."

Plantago Major in Enuresis.

By Dr. W. B. CHAMBERLAIN, Worcester, Mass.

CASE 1.—Mrs. Kingsbury brought me her son, aged 14 years, who had “never passed a night in his life without wetting the bed once or twice.”

The boy was of a bilious sanguine temperament, always had been healthy, had no signs of worms, digestive organs healthy, urine normal; in fact there was an entire *absence* of symptoms, excepting this nocturnal enuresis; consequently there were no indications for *Bell.*, *Canth.*, *Cina*, *Benzoic acid.*, nor other remedies.

Under the circumstances I gave *Plantago major*, first centesimal attenuation, one drop to be taken morning and evening. In two weeks he reported himself much better, and at the expiration of four weeks his mother informed me he was well. Six years thereafter he told me he never had a relapse.

I informed several of my medical friends of the value of this drug, and in a few years some thirty cases of enuresis were reported to me, cured. Do not prescribe *Plantago* for enuresis when a child has *ascarides*, and then report, it did no good, “you have no faith in it.” Give the well-indicated remedies for *ascarides*, and it is likely the enuresis will also be cured. Do not prescribe this remedy for enuresis where the neck of the bladder is irritated and demands *Cantharis*.

CASE 2.—This summer (1866) a lady applied to me for relief from delayed, dribbling urination. I ordered her *Plantago*, 1st, every four hours. The first night she was obliged to rise thrice to urinate, which she did very freely and without the least delay. She was obliged to discontinue the drug, but was troubled no longer, after one day.

Dr. Lowe, of Bridgewater, Mass., informed me he had a patient so afflicted with hæmorrhoids that for three weeks he could neither lie, nor sit, down comfortably, and none of the ordinary remedies relieved him.

He applied bruised *Plantain* leaves, with immediate relief. The patient was well in a few days.

I have no theory to offer concerning its action. Certain patients were troubled with enuresis which other remedies did not cure, but were promptly cured by *Plantago major*, 1st.—*Medical Investigator*, January, 1867.

MISCELLANEOUS.

Fragmentary Provings of Drugs in various Potencies, conducted upon Healthy Persons. By HENRY ROBINSON, B.A., M.R.C.S., and late Surgeon to the London Homœopathic Hospital.

(Continued from p. 683, Vol. XXIV.)

Aconite.

In a male, fr. pil. $\frac{1}{30}$ night and morning: *sore sensation in the teeth* (c.); disagreeable *belchings*, w. a kind of *mineral taste* (c.).

Arnica.

In a young male, fr. gl. $\frac{1}{1000}$ in 8 oz. water, w. the addition of a few drops of spirits of wine, a teaspoonful every third morning: extreme *nausea* (c.); *vomiting* of bitter *yellow bile* (c.); severe *pressure* at *epigastrium* (c.); frequent *diarrhœa* (c.); *urine* of a very *dark brown* colour (c.).

In a male, fr. pil. $\frac{1}{30}$ night and morning: *suffocative oppression* of the *chest* (c.).

In a male, fr. pil. $\frac{1}{30}$ every third morning: *intense pricking* and *itching* of the *entire body* (c.).

Arsenicum.

In a middle-aged female, fr. gl. $\frac{1}{30}$ in 8 oz. water as before; a teaspoonful every two hours. Aft. four doses she *felt* the *whole room go round*; she *fainted*, and afterwards came over in a *cold clammy sweat* (c.); her *eyes* felt *hot* and *burning* sore in the *balls* (c.); m. *running from the nose* (c.); great *dyspnœa* and pain in *lower chest*, on *full inspiration* (c.); *no sleep* all night (c.); she came over *very hot*, then *cold* (c.).

In a middle-aged female, fr. gl. $\frac{1}{1000}$ dissolved as before; a table-spoonful every third morning: sense of *unusual lightness* (c.); *noise* and *confusion* in the *head* (c.); sounds *as of ringing in the head* (c.); at times a *moist discharge* exudes fr. the *scalp* (c.); *pressure* at *pit of stomach* (c.).

In a middle-aged female, fr. gl. $\frac{1}{30}$ at a single dose in a

table-spoonful of water, and allowed to act: m. *sneezing* (c.); *wheezing* at the chest, w. *bruised pain between the shoulders* (c.); she feels extremely *tired all over* (c.).

In an old female, fr. gl. $\frac{3}{4}$ in a table-spoonful of water and allowed to act: *diarrhœa* for two days (c.); *rough pricking* sensation in *rectum*, as if she was passing sand (c.); *piles*, w. *bleeding* and *protrusion* (c.).

In a young female, fr. gl. $\frac{3}{8}$ in 8 oz. water as before; a teaspoonful every other morning: *nausea* and complete *loss of appetite* (c.); *frequent vomiting* of bitter stuff (c.); almost constant *diarrhœa*, w. much intestinal rumbling (c.)

Aurum Met.

In a young male, fr. grs. $\frac{3}{4}$ four times a day: sense of *deafness* (c.); *burning* sensation at stomach, w. *hot risings*; *huskiness of voice*, as if he had a cold on his chest (c); *difficulty* of raising the *phlegm* (c.).

In a young female, fr. gl. $\frac{1}{8}$ in 8 oz. water as before; a dessert-spoonful each morning: *blistered state* of inside of mouth; *throat* feels as if *pricked w. needles* (c.); *swallowing food* causes a *stinging sensation* in the throat (c); *lumpy state* of the throat—she wakes up at night and feels as if she wanted something moisten it (c.); severe *bone-pains* in r. elbow (c.).

Belladonna.

In a young male, fr. gl. $\frac{1}{8}$ in 8 oz. water as before; a dessert-spoonful every four hours. After three doses: *bewildered feel* in the head (c.); *pressive pain* over r. eye (c.); *nausea* and disposition to vomit (c.); *hands and feet* became very cold (c.).

In a male, fr. pil. $\frac{1}{8}$ night and morning: extreme *irritability of temper* (c.); copious *sweat* (c.).

In a middle-aged female, fr. pil. $\frac{1}{8}$ every third morning: all her *strength* goes in an instant (c.); great *dryness* of the throat (c); unpleasant sensation as if her *teeth* would be forced out of her head (c.); sense of *constipation* (c.); exceeding *weight* and *oppression* of the whole chest (c.).

In a young female, fr. pil. $\frac{1}{8}$ every morning: *pulsating head-ache*, w. *pressure* at vertex (c.); *violent palpitation* (c.).

In a middle-aged female, fr. gl. $\frac{1}{8}$ in 8 oz. water as before,

the whole taken at a single dose. Very shortly after: *violent stomach-ache*, lasting a short time (c.); *cramp pain* in both *knee-joints*, particularly about the *patellæ*; she could not walk upstairs (c.).

The person who took this medicine experimentally was a most bigoted unbeliever in the new system, but after the above effects were produced she became quite a convert.—H. R.

Calcareæ Carb.

In a young male, fr. gl. $\frac{1}{1000}$, $\frac{1}{200}$, $\frac{1}{30}$, $\frac{1}{12}$, $\frac{1}{8}$; in the form of powders; each powder in rotation every second morning, dissolved in an ounce of water, descending fr. the highest to the lowest potency. After the third powder, i. e., the thirtieth potency: *eruption of white spots* and some *scattered red patches* on *wrists*, *backs of hands*, *thighs*, *legs*, and *ankles*, w. *violent irritation* (c.); *shooting pains* throughout the *limbs*, both *upper and lower*; he began to imagine he was going to have *rheumatic fever*—the *finger-joints* became *m. swollen* (c.); he felt *very feverish*, and was obliged to stay at home for three days—his *teeth chattered*, and though he sat over the fire he was quite cold (c.); *two emissions* in *one night* (c.); *violent pressive pain* in *vertex* (c.); *profuse purulent discharge* fr. both *ears* (c.); *extreme constipation* (c.).

Note.—The above sy. were recorded in the order of their occurrence.

In the same, fr. grs. $\frac{5}{12}$ trit. night and morning for four days. Three days after he had finished the medicine: *violent irritation* about the *chest*, *back*, *neck*, and *shoulders*, and in the *calves* of the *legs*; a *reddish rash* was fully developed all over the *back and chest* (c.); *great constipation*—he had to take some *Castor Oil* (c.).

In a young female, fr. grs. $\frac{3}{8}$ trit., three times a day. After seven to eight days: *shooting pains* in both *sides of head*, w. *nausea* (c.); she feels *sick*, but is *unable to bring up anything* (c.); *shooting pains under l. shoulder* (c.); *unaccountably feverish—first hot, then cold* (c.).

In a young male, fr. pil. $\frac{1}{80}$ night and morning. After seven days: *r. eye* became *m. inflamed*, lids *glued together* (c.); *r. side of face* *m. swollen* and covered w. *pimples* (c.).

In a young male, fr. gl. $\frac{1}{80}$ in 8 oz. water as before; a tea-spoonful every third morning. After three doses: *sore, painful, swollen*, and *erysipelatous-looking nose*—it is quite *hard to*

the touch, and attended with much *frontal headache* (c.); *fluent coryza* (c.); *sore throat*, w. *difficulty of swallowing* (c.); *pinching sensation in the bowels*, w. *diarrhœa*, lasting for a day (c.); *several attacks of fainting* (c.).

In a female, fr. pil. $\frac{1}{30}$ night and morning: *hard, dry cough* (c.).

China.

In a middle-aged female, fr. gl. $\frac{1}{60}$ in 8 oz. water as before, a teaspoonful each morning. After two doses: *uncontrollable twitching of r. upper eyelid* (c.); *inflammation and redness of conjunctiva* (c.); *feeling as of sand in the eye* (c.); *m. lachrymation* (c.).

In a middle-aged female, fr. gtt. $\frac{1}{4}$ in half a wine-glass of water at a single dose: *sleeplessness the entire night* (c.); *right-sided face-ache* (c.); *profuse perspiration*, w. *feverish heat* (c.); *dreadful feeling of excitement* (c.); *face flushed and swollen* (c.); *needle-like pains in l. face, l. chest, and l. hand* (c.).

In a female, fr. pil. $\frac{1}{30}$ night and morning: *vertigo*, w. *faintness*—she *staggered* and could not walk straight (c.); *colicky spasms in region of navel* (c.).

In a young female, fr. gtt. $\frac{5}{4}$ three times a day in a tablespoonful of water. After three days: *cold colicky cramp in the bowels*, followed by slight *diarrhœa* (c.).

Conium.

In a young female, fr. gl. $\frac{1}{60}$ in 8 oz. water as before; a dessert-spoonful every third morning: she feels *peevish*, vexed, and *easily put out about trifles* (c.); *stinging soreness and itching at tip and inside the nose* (c.); *violent drawing toothache*—the *teeth feel loose*—the toothache is so severe that she feels she must have the tooth out (c.); *heartburn*—*pressure and sore raw feeling at pit of stomach* (c.); *forcing down feel in hypogastric region*, like *menstrual or labour pains* (c.); *profuse leucorrhœa* (c.); *pain between the shoulders and in lumbar region* (c.); *burning heat throughout the whole body*, w. *thirst* (c.); *frightful dreams* (c.).

Note.—The *exact order and succession* of the sy. were unfortunately not observed in this group.

In an old female, fr. gl. $\frac{1}{60}$ dissolved and administered as before: *strange rising in the throat*, w. *sense of stuffing, as if something was lodged there* (c.).

In a young female, fr. gl. $\frac{1}{1000}$ in half a tumbler of water at a single dose. After two to three days: *pinching pain in abdomen, as if diarrhœa would come on* (c.); frequent *urging to urinate*, w. slight *strangury* and *burning* in the course of the *urethra* (c.); *numbness in the thighs* (c.).

In a middle-aged female, fr. pil. $\frac{1}{30}$ night and morning: sense of *fulness and repletion of stomach* (c.); *aching pains in hypogastric region*, like *menstrual colic* (c.); constant *urging to urinate*, w. *heat in making water*, which continues all day more or less (c.); *great pain in the loins* (c.).

Iodum.

In a middle-aged male, fr. gtt. $\frac{1}{3}$ three times a day. After six to seven days: constant *tearing pain round r. eye*, passing backwards fr. *inner canthus to the articulation of jaw* (c.); large *discharge of yellow mucus fr. the nose* (c.).

Kali Hyd.

In an old male, fr. gl. $\frac{1}{2}$ in 4 oz. water; a dessert-spoonful night and morning. After several days: violent *gnawing pain in l. leg, as if in the periosteum* (c.).

Mercurius Corr.

In a young female, fr. gl. $\frac{1}{200}$ in 8 oz. water as before; a tea-spoonful every third morning. After two doses: violent *temporal headache* (c.); *cold shiverings* (c.).

In another, fr. the same: *redness of the conjunctivæ* (c.); *pain behind the eyeballs, as if they would be forced out* (c.).

Moschus.

In a young female, fr. gl. $\frac{1}{20}$ in 8 oz. water as before; a dessert-spoonful every second morning. After three doses: severe fits of *sneezing* (c.); *burning heat in face*, w. *eruption of pimples* (c.); *nasty bitter taste* (c.); *gnawing pain in the chest*, w. *sense of suffocation* (c.); severe *dry cough*, worse in the morning, and *pain under l. breast on coughing* (c.); feeling of *coldness*—she wants to be near the fire always (c.); *aching pains in upper and lower limbs* (c.).

Note.—Order and succession of sy. not observed.

Natrum Mur.

In a young female, fr. gtt. $\frac{1}{80}$ night and morning. After four days: severe *drawing pain* in *lower jaw*, which is *painful* to the *touch* (c.). (Smelling a phial containing *Spt. Nitri dulo.* relieved her very promptly.)

Nitric Acid.

In a young female, fr. gl. $\frac{1}{80}$ in 8 oz. water as before; a table-spoonful every third morning: her *spirits* became *m. depressed* (c.); her *hands*, which used to go *dead and numb*, quite ceased to do so while taking the medicine (c.). (This latter sy. is a *curative effect*.)

In a middle-aged female, fr. gl. $\frac{1}{80}$ in 8 oz. water as before; a dessert-spoonful night and morning. After three days: excessive *irritability* (c.); *painful and inflamed redness* of *l. axillary glands* (c.); *aching pain* in *r. shoulder and arm*—the arm feels *bruised*, and at times she *cannot possibly raise it* (c.); *numbness*, *trembling*, and *tingling* of *r. forearm* (c.); her *r. hand* goes *asleep* in the *morning* (c.); *drowsiness* the *entire day* (c.).

In a middle-aged female, fr. gl. $\frac{3}{80}$ in 8 oz. water as before; a dessert-spoonful night and morning. After several days: *terrific pain* in *l. side of head* (c.); *dimness of vision* (c.); the *face*, *jaws*, and *lips* became *m. swollen*—not red or inflamed, but simply *puffed*; the *entire face*, in fact, was *m. disfigured* (c.).

In a young female, fr. gl. $\frac{1}{80}$ in 8 oz. water as before; a table-spoonful every third morning: her *feet and hands* go *asleep* (c.).

In a young female, fr. gl. $\frac{1}{80}$ in 8 oz. water as before; a table-spoonful each morning: *aching*, *powerless feel* in *l. hand*, like *rheumatism* (c.).

Nux Vomica.

In an old male, fr. gl. $\frac{3}{80}$ in 8 oz. water as before; a dessert-spoonful every half-hour for three doses: *trembling* of the *bowels and nerves generally*, w. great *excitement* (c.); *breathing short*, *oppressed*, and *hard* (c.).

In a young female, fr. gl. $\frac{1}{80}$ in 8 oz. water as before; a dessert-spoonful each morning. After five to six days: a kind of *dry scurf*, very *itchy*, appeared on the *face* (c.); a *reddish eruption*

came out on the *body*, on the *shoulders* particularly (c.); she came *all over in a tremble*, then went into a *kind of swoon*, in which she remained for three quarters of an hour, having *no recollection* whatever of it herself when she awoke—she was quite *insensible, and looked wild and staring* (c.).

In an old male, fr. gl. $\frac{1}{1000}$ in 2 oz. water as before; single dose. After eight hours: exceedingly *sudden attack* of *diarrhœa at night*, when least expected; he had to get up out of bed and run for his life; no premonitory symptom whatever (c.).

In a middle-aged male, fr. pil. $\frac{1}{30}$ night and morning. After four to five days: *Extreme giddiness*, obliging him to discontinue his work (c.); his *face and neck* became quite *scarlet*, the *feet* being *very cold* (c.); *spasmodic palpitation* of the *heart*, w. sense of *fluttering at pit of stomach* (c.); *cramp* in the *calves* of *both legs* (c.); *intense shiverings*—*cold feet* for *twenty hours*, the *face, head, and neck* being *quite hot* (c.); *excessive itching all over the body*, extending afterwards to the *head* (c.).

Note.—The *order and succession* of sy. were unfortunately not observed in this case.

In a middle-aged female, fr. pil. $\frac{1}{30}$ night and morning. After several days: *giddiness—a kind of staggering feel* (c.); *giddiness*, w. *pains* shooting through the *head* and *going off in an instant* (c.); *coppery taste*—constant *nausea* and *want of appetite* (c.); *fluttering sinking feel at epigast.*, w. *palpitation* (c.); *urine reddish and thick* (c.); *aching pains* across the *loins*, passing to the *hips* (c.); *bruised feel* down the *thighs* (c.).

In a male, fr. pil. $\frac{1}{30}$ night and morning. After several days: *scarlet redness* of the *face*, and afterwards of the *entire body* (c.).

In a male, fr. pil. $\frac{1}{30}$ each morning. After several days: *contraction* of the *jaws*, like *lock-jaw* (c.).

Note.—He thought he was taking *Strychnine*, this medicine, prescribed many years ago by his allopathic doctor, having caused him much the same sensations.

In a male, fr. pil. $\frac{1}{30}$, allowed to act. After five to six days: *raw, sore feel within the fundament*; he was obliged to use Fuller's earth (c.).

In a female, fr. pil. $\frac{1}{30}$ night and morning. After four to five days: one of her *hands swelled up*—she had *no feeling in it* for hours (c.); *intense redness* of the *face* (c.); *burning heat* all over

her body—*terrible pricking, stinging, and itching* of the skin, so much so that she had to take off all her clothes to scratch herself (c.).

Phosphorus.

In an old male, fr. gl. $\frac{1}{30}$ in 8 oz. water as before; a dessert-spoonful every third morning: *constant aching* in the head (c.); *itching* of the scalp (c.); a *feeling* in the r. eye as if the edge of the lid had been roughly grazed or rubbed (c.); *stiffness* in the eyes, w. *lachrymation* (c.); *itching* about the eyes (c.); *dryness* in the throat (c.); *sore throat* as fr. a cold (c); *urine* became rather *thick* (c.); *breathing short*, and attended by a violent *pressive* kind of pain in upper pt. of chest-bone, for a minute or so, at intervals of two to three days (c.); a strange kind of *catch at nape of neck*, like what is called a "*crick*" in the neck (c.); violent pain extending fr. the l. shoulder-bone to the muscles of the arm both above and below the elbow, w. *coldness at the back of the hand*, and terminating with *pricking* at the *finger-ends* (c.); *cold feel* on the *insteps* of both feet (c.); *feverish feel* in hands and feet at night (c.).

Note.—Order of occurrence not observed in the above sy.

In a young female, fr. gtt. $\frac{1}{12}$ four times a day. After seven to eight days: *enlarged tonsils*, w. much *dysphagia* (c.); small *ecchymosed spots* on chest and face (c.).

In a young female, fr. gtt. $\frac{2}{32}$ three times a day. After sev. days: *profuse lachrymation* (c.); the nose feels *stuffed up* (c.); *soreness* of the throat (c.); *tightness* of the upper pt. of chest (c.).

In a female, fr. pil. $\frac{1}{30}$ night and morning: her *teeth felt loose*, and the *gums bled* readily (c.); *momentary sensation as if the l. tonsil were swollen and would drop into the throat* (c.); excessive *watery diarrhœa* (c.).

In H. Robinson, fr. gtt. $\frac{50}{\phi}$ taken at a single dose, at bedtime, in a wine-glass of water: *two emissions* in one night (c.).

In the same, fr. gtt. $\frac{20}{\phi}$ as before: peculiar kind of *painful stiffness at nape of neck* (c.).

Phosphoric Acid.

In H. Robinson, fr. gl. $\frac{1}{1000}$ in 8 oz. water as before; a dessert-spoonful every third morning: violent *coryza* (c.);

seraping feel in l. side of fauces, felt as though an ear of barley or something of that kind was in the throat (c.); pinching, griping pain in the bowels, followed by a diarrhæic stool, as if colocynth or some drastic medicine had been taken (c.); profuse emission (c.).

Note.—Order of occurrence of sy. unfortunately not observed.

Pulsatilla.

In a young female, fr. pil. $\frac{1}{30}$ every second morning: she cried a good deal, and was very low-spirited (c.), (naturally she is quite the contrary); sharp frontal headache (c.); distension of stomach and abdomen—she has to unlace herself (c.); severe interscapular pain (c.); both legs and feet became m. swollen (c.); the feet became red, inflamed, and very painful (c.); very feverish and thirsty (c.); violent tremblings all over (c.); feels as if tired and worn out, though she has had no work to cause it (c.).

Note.—Succession of sy. unfortunately not observed.

In a young female, fr. gl. $\frac{1}{80}$ in 8 oz. water as before; a teaspoonful every third morning. After some six to seven days: extreme peevishness (c.); sick headache (c.); dimness of sight (c.); sore feeling in the gums (c.); the edge of the tongue feels sore and as if scalded w. hot water (c.); fulness and stuffing in the throat (c.); a feeling as if mumps were coming on, w. sense of threatening deafness (c.); constricted feel about the throat (c.); foul, clammy, insipid taste (c.); nausea, water-brash, disagreeable risings (c.); bloated, hard feel at the stomach, w. flatulence (c.); lumps in both groins, about half the size of a walnut, hard and painful (c.); cramp-like constriction of the chest—at times she is quite unable to breathe (c.); swelling of cervical glands (c.); interscapular pain, increased by inspiration (c.); sprained kind of feel fr. the r. shoulder-joint down to the wrist, the elbow-joint not being affected (c.); the arm feels broken and dislocated, the pain being worse on pressure and from movement (c.); when she raises the arm, she cannot get it down again in the same way—it is a sickening kind of pain (c.); pain in both shoulder-joints, so severe that she cannot even hold a cup in her hand (c.); aching pain in both calves, which are m. swollen (c.); pressive pain in both heels (c.); burning sensation in the soles of feet (c.); hot swelling of the feet, extending as far as the calves (c.);

confused dreams (c.); *dread of men*—she fancies a naked man is wrapped in her bed-clothes and rolled up under her bed, while she has only a sheet to cover her—all her dreams are about men (c.); *reddish spots* on different pts. of the *body* (c.).

Note.—The *exact order and succession* of the sy. were most unfortunately not attended to in this case.

In a middle-aged female, fr. gl. $\frac{1}{8}$ in 8 oz. of water as before; a teaspoonful every night. After some days: *violent acute pain* in *both temples*, w. great giddiness (c.); *cloudiness of vision*, w. a kind of *flashing of fire as though she had had a slap in the face*—this happened several times throughout the day (c.); *nausea*—she was quite *afraid to eat anything for fear of vomiting* (c.); *filthy taste, tongue m. coated, appetite quite gone* (c.); her *feet swell* (c); she feels unusually *heavy for sleep* (c.); heavy *perspiration at night* (c.); *all day the sweat pours down her back* (c.); *cold chills all over*; she is obliged to lie down and get herself covered up—even this does not warm her—it is *like an attack of ague coming on* (c.); *faintness all morning*—she was obliged to call repeatedly for water (c.).

Note.—*Order and succession* of sy. not observed.

In a middle-aged male, fr. gl. $\frac{1}{8}$ in 8 oz. water as before; a table-spoonful night and morning. After some days: *severe frontal headache*, coming on in the *afternoon*, w. much *languor, prostration*, and desire to yawn—some *feverishness* also accompanied it (c.); occasional *coryza*, as if fr. a heavy cold (c.); *clammy taste*, he wants frequently to rinse his mouth; *appetite completely gone* (c.); *diarrhæic feel in the bowels* (c.); *bruised, beaten feel in lower limbs* (c.).

Note.—*Order and succession* of sy. not observed.

In a young female, fr. gl. $\frac{1}{8}$ in a table-spoonful of water, at a single dose, and allowed to act. After three to four days: her *face becomes very red every evening*, w. *feverish heat* (c.); *sore throat*, w. sense of *dysphagia*—*she feels as though she would be choked* (c.); hard *glandular swelling* in *r. axilla*, painful and throbbing (c.); *aching pains in the legs, fr. the knees downwards, in the bones as it were* (c.).

Note.—*Order and succession* not observed.

In a young female, fr. gl. $\frac{1}{8}$ in a table-spoonful of water, at a single dose, and allowed to act. After two days: *diarrhæa*, w. *pinching pains in the bowels*, and a sense of *nausea and faintness both before and at each evacuation*; the *motions were*

slightly *mixed w. blood*; the attack of diarrhoea continued for *five days*, during all which time she was obliged to keep her bed; the *bowels acted* at first almost every quarter of an hour and *upon the least movement* (c.)

In a young female, fr. pil. $\frac{1}{30}$ night and morning: severe *face-ache* (c.); violent *flushes* in the *face* (c.); *shooting pains* in the *ears* (c.).

In a young female, fr. gl. $\frac{1}{30}$ in 8 oz. water as before; a teaspoonful every third morning. After some days: *frontal and vertical headache* (c.); sense of "*gathering*" under the tongue (c.); *dreadfully bad bitter taste* (c.); *cutting and dragging pains* in *hypogastric region*, extending round to the *loins*, and making her feel very faint (c.); she had *a feeling as of bad piles* (c.), (to this latter sy. she is not subject); *sensation in the backbone as if it would come out*; *m. feverishness*—she was obliged to confine herself to bed (c.).

In a young female, fr. gl. $\frac{1}{30}$ in 8 oz. water as before; a dessert-spoonful every third morning: *pain in lower chest and abdomen, obliging her to bend forward* (c.); *after drinking anything, she must relieve the bowels at once* (c.); a feeling *as of cold water being poured down the back* (c.).

In a young female, fr. the following powders, containing each respectively gl. $\frac{1}{1000}$, $\frac{1}{200}$, $\frac{1}{30}$ and $\frac{1}{12}$, taken in order fr. the highest to the lowest potency; a powder every second morning, dissolved in a table-spoonful of water. After the third powder: *a feeling in the rectum as of piles* (c.); *soreness inside the chest, under both clavicles* (c.); *catching pain in region of heart, subdued for the time by pressure of the hand* (c.).

Rhus Tox.

In a young female, fr. gl. $\frac{1}{1000}$ in 8 oz. water as before; a teaspoonful every third morning. After two doses: *tearing pain in the teeth, relieved by hot applications* (c.); *bloated state of abdomen* (c.); *sensation as of water bubbling under abdominal walls* (c.); *burning feel in the loins* (c.).

In a young female, fr. gl. $\frac{1}{200}$ dissolved in the same way; a dessert-spoonful every second morning. After three to four doses: *large red phlegmonous patch over l. hip* (c.); *tearin dragging pains in muscles of l. thigh* (c.).

In a middle-aged female, fr. gl. $\frac{1}{20}$ dissolved in the same way; a dessert-spoonful night and morning. After three to four days: *burning heat* and aching, *tensive pain* in *calf* of *r. leg* (c.).

In a young female, fr. gl. $\frac{1}{20}$ dissolved in the same way; a table-spoonful each morning. After some days: *faint* and *dizzy*—she *reeled after each dose* (c.); very *heavy for sleep*—she had to lie or sit down (c.); *sharp pain* proceeding *fr. l. orbital region* right through the head to back of neck, *relieved by pressure* (c.); her *l. eye* felt *enormously swollen* and enlarged, though on looking into the mirror *this was not the case* (c.); extremely *low-spirited*, w. sense of *great prostration*—she could not prevent herself *fr. crying* every morning after the dose (c.).

Sepia.

In a young female, fr. gl. $\frac{1}{30}$ in 8 oz. water as before; a teaspoonful every third morning. After two doses: *depression on awaking* in the morning (c.); extreme *nervous restlessness* (c.); *aching pain* in the *forehead* (c.); the *eyes* feel *heavy*, and the *lids* are inclined to *close* (c.); *dryness* in the *throat*, w. sense of *thickness* (c.); very *mawkish* taste, *sour taste* after eating—*no appetite* (c.); *constipation*, *succeeding a relaxed state* of the *bowels* (c.); *urine* became *thick and turbid* (c.); *menses* came on *a week too soon*, *scanty*, and lasting only *one day* (c.); a *leucorrhœa*, fr. which she had suffered for a very long time, left her completely while under the proving (c.) [cur. eff.]; anxious *oppression* in *upper part* of *chest* (c.); a strange *tickling sensation* in *lower pt.* of *chest* (c.); a *gurgling sound* in the *chest* (c.); m. pain and *weakness* in *small of back* (c.); *weary pain* in *l. shoulder-joint* (c.); fatigue and *powerlessness* in *both arms on awaking* (c.); *bruised*, *aching pain* in the *sockets* of the *shoulders*, extending to the *elbows*—it was *intermittent*, and generally only in *one arm at a time* (c.); very *restless sleep*—she felt she had a *weight* pressing on her *thighs*, *momentary* (c.); she is quite *hot*, then *cold*, w. *great faintness* (c.); m. *perspiration*, sometimes *hot*, sometimes *cold*, particularly in the *hands and feet* (c.); *constant disposition to sweat*, both *night and day* (c.).

Note.—The order and succession of the sy. were unhappily not observed in this case.

In a young female, fr. gl. $\frac{1}{30}$ dissolved as before; a dessert-spoonful each morning. After seven to eight days: *sad and dis-*

contented w. everything (c.); pressive headache at vertex (c.); eyelids heavy, w. much frontal pain (c.); feeling as of a painful sore at the tip of the nose—this sore came out afterwards like an eruption, but within two days it quite disappeared (c.); constant sneezing for several days (c.); wrenching pain in all the molars (c.); bleeding from the gums on the slightest touch (c.); the lips are sore, smarting, and disposed to crack (c.); cutting pain in the throat, w. raw feel, and accompanied by the accumulation of m. phlegm (c.); the menses, which were usually attended by cold, aching pains in lower bowels, came on without the least distress (c.) [cur. eff.]; tickling, scraping kind of cough, and again a loose phlegmy kind of cough (c.); pain in both sides of the chest, passing round to the interscapular space (c.); aching pain at coccyx just before the action of the bowels—it was intolerable, and shot across her w. such severity that she had frequently to lie down and cry (c.); aching pain across the loins, worse on moving (c.); twisting pain in r. knee, and a kind of drawing pain on inside of same thigh, above the knee (c.); dry, burning sensation in soles of feet (c.); burning, swelled feeling of the feet (c.); very heavy and drowsy (c.); restless sleep, confused dreams (c.); flushes of heat—she feels in a kind of glow (c.); profuse perspiration after coughing (c.); sick and feverish all day, w. thirst (c.); heavy sweat, as fr. a cold (c.); flushes, then chills (c.); hard and inflamed boil on r. nates (c.); feels weary and trembles all over (c.).

(Order and succession of sy. not observed.)

In a young female, fr. gl. $\frac{1}{1000}$ dissolved as before; a teaspoonful night and morning. After three days: *sore throat, w. difficulty of swallowing (c.); constant accumulation of mucus in the throat, which almost suffocates her (c.); turbid urine, w. constant desire to urinate (c.); pains like knives shooting through the uterus spasmodically (c.); soreness and inflamed feel of labia, externa and interna (c.); strong bearing-down pains (c.); swelling of inguinal glands in l. thigh, painful on walking (c.); intense itching of the skin (c.); a kind of red rash came out all over the body—the face was first affected, then the trunk, and lastly the extremities—it was accompanied by high fever—P. 120 (c.).*

(Order and succession of sy. not observed.)

In a young female, fr. gl. $\frac{1}{30}$ taken dry on the tongue each morning. After five to six days: *severe pressure in forehead over r. eye (c.); r. eye m. inflamed, great burning and lachry-*

mation of the eye (c.); *jumping*, aching pains in lower molars (c.); *dryness* and *soreness* of the *throat*—at night it feels quite parched (c.); the middle of the *tongue* is quite *blistered* (c.); *stitches* in l. *hypochondrium* (c.); *urine* unusually *turbid* (c.); *pains* in *tendons* of r. *foot* about the *ankle* (c.); *swelling* of the *feet*—they *burn* and are *very dry* (c.).

(Order and *succession* of sy. not observed.)

In a young male, fr. pil. $\frac{1}{30}$ night and morning: intense *head-aches*, *frontal* and *temporal* (c.).

In a young female, fr. pil. $\frac{1}{30}$ night and morning: foul, *filthy tastes* of different kinds (c.); *gripping*, diarrhœic-like feel in the *abdomen*, foll. afterwards by *exhausting diarrhœa* (c.).

In a young female, fr. pil. $\frac{1}{12}$ night and morning: *cramp-like pain* in the *calves*, and *shooting pains* in the *ankles* (c.).

Silicea.

In a young male, fr. gl. $\frac{1}{20}$ in 8 oz. water as before; a teaspoonful every third morning. After some ten or twelve days: great *difficulty in fixing the attention* (c.); *low-spirited*, and over-anxious about himself (c.); extreme *dizziness* (c.); *fluttering* feel in both *temples*, and *aching pain at occiput* (c.); *pricking and itching of scalp* (c.); slight *fluttering before the eyes* (c.); *smarting* and *pricking of l. eye* (c.); *pricking, aching, and itching in the ears*, l. *chiefly* (c.); a *sneezing cold*, lasting several days (c.); *nose and eyes water* (c.); *stuffed sensation in and running fr. the nose*, as if he had a cold in his head (c.); *constant aching in all the teeth* (c.); occasional *aching* in upper and lower *jaw-bones* (c.); the *gums* are quite *inflamed* (c.); *cool feel in upper gums*; *soreness of the palate*, *lips feel m. parched* (c.); *dryness of the throat*, as fr. a cold (c.); *burning in the throat* (c.); *tickling in the larynx*, with slight *cough* and *hoarseness* (c.); *bitterness in the mouth*, as if the *stomach was foul* (c.); sense of *taste* and *appetite* became *defective* (c.); the *stomach* feels m. *disordered* (c.); *pressive pain at epigastrium*, like *indigestion* (c.); *aching pain in r. hypochondrium* (c.); momentary *pinching pain at the navel* (c.); *dry, hard, and light-coloured stools* (c.); *urine very turbid* (c.); sharp, *pricking pains in the penis for ten minutes* (c.); *diminished sexual desire* and *fewer erections* (c.); several *emissions* (c.); *tensive pain across the chest*, lasting sev. hours

(c.); violent *shooting pain* in *back, between the hips* (c.); constant *aching pain* in the *centre* of the *back*—it was very marked and continuous (c.); sharp *momentary pain* in *r. shoulder-joint* (c.); sense of *numbness* in the *hands*, and *pricking* in both *arms* (c.); *pricking* and *shooting pain* in the *l. thigh* (c.); *pricking* and *stitches* in the *l. heel* (c.); constant *sleeplessness* (c.); constant *chilliness*, w. occasional slight *feverishness* (c.); he feels very *chilly, even in a warm room* (c.); *prickings* and sense of *tingling* in *diff. pts. of the body* (c.).

(*Order and succession* of sy. unfortunately not observed.)

In a young female, fr. gl. $\frac{1}{30}$ dissolved as before; a tea-spoonful every third morning. After two doses: very *irritable* and *low-spirited* (c.); a *persistent speck* before the *r. eye* (c.); profuse *leucorrhœa* (c.); short, *dry, hacking cough* (c.).

In a young female, fr. gl. $\frac{1}{60}$ dissolved as before; a dessert-spoonful every third morning. After some days: *violent pain*, heavy *weight*, and *crampy sensation* at *pit* of *stomach* (c.); discharge of a quantity of *white watery fluid* fr. the *vagina*, quite *unlike* ordinary *leucorrhœa* (c.); *violent pain* in the *small* of the *back* directly after taking each dose (c.).

In a young female, fr. gl. $\frac{1}{60}$ dissolved as before; a dessert-spoonful every third morning: loud, *uncontrollable belgings* of *wind*, lasting for nearly half an hour and attended by m. *nausea* (c.).

In a young male, fr. gl. $\frac{1}{60}$ dissolved as before; a dessert-spoonful every second morning. After six to seven days: *shivering* all over; a *cold, starved feel*; if he sat ever so near the fire, *he could not get warm* (c.).

In a young female, fr. gl. $\frac{1}{60}$ dissolved as before; a tea-spoonful every third morning. The following sy. were observed during the course of three weeks, but unfortunately the *order* of their *occurrence* was not attended to:—*low-spirited*, and *weeps* every *evening* (c.); *restless* and *fidgetty*, *starts* at the *least thing* (c.); her *head* went *swimming* round as if she was *drunk*—she had to sit down (c.); she gets *confused* and *makes mistakes*, half knowing what she is about, and yet *unable to control herself*—she had almost put a *watch* into the *saucepan* to *boil* instead of an *egg* (c.); *cold* kind of *headache* fr. *nape of neck* to *vertex*; extreme *heaviness* of the *head*—she cannot hold it up, it *feels so weighty* (c.); strange *coldness* about the breadth of two fingers *across the vertex*, in a line with the fore part of both ears; *rushes*

of blood to the forehead (c.) ; the head feels as if falling off, causing straining pains at back of neck as though the head was hanging by a piece of skin at the nape ; when coming into the dark, she feels a pressure on the vertex, as if a tremendous weight was falling on it ; pressive pain over l. eye, about the size of a sixpence (c.) ; extreme tenderness of the scalp, a feeling as if she had been lifted off the ground by her hair (c.) ; she cannot brush her hair, the scalp is so tender (c.) ; a feeling as if both her eyes were dragged back into the head w. strings ; misty vision, she cannot see anything clear—this was constantly so for two days ; at first she lost the clearness of sight only momentarily (c.) ; soreness and smarting of the eyelids—she cannot close them (c.) ; shooting pain in l. ear, w. a feeling as if humor was flowing fr. it (c.) ; burning, shooting pains in tip of nose, flying up to the forehead (c.) ; the nose became as cold as ice ; constant sneezing, but she cannot do it satisfactorily (c.) ; obstruction of the nose in the morning, followed by coryza during the after part of the day (c.) ; her face burned painfully (c.) ; white and red spots on the face (c.) ; the gums are very sore (c.) ; mouth very dry (c.) ; two or three times she had to wipe her tongue, fancying there was a hair on it, lying lengthways and coming up as it were fr. her windpipe (c.) ; dryness of the throat (c.) ; feeling as of a lump in the l. side of the throat—she could only swallow w. great difficulty (c.) ; throat swollen and painful (c.) ; loss of taste and appetite (c.) ; filthy taste in the morning, as of rotten eggs (c.) ; bitter taste (c.) ; constant nausea and sense of emptiness at stomach (c.) ; cold pain at epigastrium, as if a cold stone was in the stomach (c.) ; cutting pain in the region of the navel, going right through to the back and coming on at intervals (c.) ; the r. breast is hard, swollen, and painful at the nipple—it feels as if it were “gathering” (c.) ; darting and burning pain in the l. nipple (c.) ; dry and hacking cough (c.) ; oppression of the chest, she cannot take a long breath (c.) ; lame, painful feel in region of sacrum (c.) ; violent tearing pain between the scapulæ (c.) ; stiffness and chilliness at the nape of neck, and chilliness all down the back (c.) ; drawing feel in the joints of r. fingers, as if they were being pulled out of the sockets (c.) ; dragging feel fr. the r. hip down to the toes (c.) ; drawing feel in the joints of the toes, as if they were being pulled out of the sockets (c.) ; numbness and swelling of the calves (c.) ; swelling of the feet as far as the ankles (c.) ; several times her feet gave way under her while walking (c.) ; when one leg is in great pain, the other is quite numb (c.) ; she dreams about murders and

horrid things of that sort (c.); *jerking and starting in sleep*, w. frequent *rushes of blood to the head* (c.); at one time very *chilly*, again exceedingly *hot* (c.); *itching and pricking of the skin of arms, face, and back* (c.); she felt at times *as if she was divided in half*, and that the *l. side did not belong to her*.

In a young female, fr. gl. $\frac{1}{10}$ in 8 oz. water as before; a teaspoonful every third morning. After three doses: *sickening pain in l. side of head*, worse fr. *pressure or the least movement* (c.); *itching in both ears* (c.); several *gum-boils* (c.); her *teeth feel too large and long for her mouth* (c.); *aching pain in all the teeth* (c.); *dryness of the mouth, without thirst* (c.); *pricking in the throat as from a pin or needle*, causing her to cough (c.); *ineffectual retching*, water-brash w. *nausea* (c.); *colicky pains in the lower bowels*, w. *straining and increase of pain during an evacuation* (c.); *hard stools* (c.); profuse *leucorrhœal discharge* (c.); *tight feel round the chest, as though she was tied in w. a tape* (c.); *pressure at lower sternum, as fr. a stone* (c.); *stiff, sore feeling down the r. side of spine*, then across the *loins* and over the *r. hip-joint* (c.); *trembling of the lower limbs*, w. *extreme nervousness* (c.); *icy-cold feel of the entire body, as though exposed to a cold climate suddenly* (c.); *heavy sweats* (c.); *sense of great debility*—she wants to be always lying down (c.).

(Succession of sy. not observed.)

In a young female, fr. gl. $\frac{1}{20}$ in 8 oz. water as before; a dessert-spoonful every third morning. After two doses: *drawing, tearing toothache*, w. *soreness of gums* (c.); *aching of both jaws* (c.); all her *teeth feel loose and elongated* (c.); *constant dryness of the mouth* (c.); *foul, clammy, and putrid taste* (c.); *intense heartburn*, w. *sense of load at epigastrium* (c.); *painful stitches in the chest, shooting fr. the sternum round to the back* (c.); *icy coldness of the feet* (c.).

(Succession of sy. not observed.)

In a young female, fr. gl. $\frac{1}{30}$ in 8 oz. water as before; a dessert-spoonful every third morning: *gloominess*—she felt *as if she would die*, and for the time she *lost her memory* (c.); she feels *like water-pipes bursting in the head*; sometimes a *cutting feel*, again a *sensation as of a heavy weight* and a kind of *tightness at the pit of stomach* (c.); she felt *as if knives were running into her* (c.); *extreme sleeplessness* (c.); *dreadful trembling in all the limbs, the hands in particular*—at times she was *quite unable to lift a cup of tea* (c.).

(*Succession* of sy. not observed.)

In a young male, fr. gl. $\frac{1}{200}$ in 8 oz. water as before; a dessert-spoonful night and morning. After several days: he felt extremely *giddy* (c.); *bleeding fr. the nose* (c.); he feels a weakness in the urinary organs—*constant desire to urinate* (c.); several *boils* came out on *diff. pts.* of the *body* (c.).

In a young female, fr. gl. $\frac{1}{100}$ in 8 oz. water as before; a teaspoonful every third morning. After some days: constant *coryza* (c.); constant *belching up of wind* fr. the *stomach* (c.); *oppression at lower sternum* (c.); *hoarse, dry cough* (c.); *aching pains* in the *loins*, shooting down both legs (c.); *heavy perspirations* night and day (c.).

In a child, fr. gl. $\frac{1}{30}$ in 8 oz. water as before; a teaspoonful night and morning. After several days: *soreness* of the *palate*, wh. assumed a *pale yellow colour* (c.); taste as of *soap-suds* (c.).

In a male, fr. pil. $\frac{1}{30}$ every third morning: *dryness* of the *lips* (c.); *pressure at epigast.* as fr. having eaten too much (c.); *gripping pains* in *lower abdomen*, as fr. something that did not agree with him (c.); *numb kind of feel* in *r. arm*, like *pins and needles* (c.); general feeling of *chilliness* (c.).

In a young female, fr. gl. $\frac{1}{200}$ in 8 oz. water as before; a table-spoonful once a week: *cutting pain in urinating* (c.); the *urine* is very *sedimentous* (c.).

Stramonium.

In a young female, fr. gl. $\frac{1}{200}$ in 8 oz. water as before; a dessert-spoonful every third morning. After two doses: she feels dull, *stupid in the head*, and almost insensible and *indifferent to everything and everybody around her* (c.); feels as if *nothing could give her any enjoyment* (c.); *tingling feel*, as if pins and needles were in her *forehead*; *redness and swelling about r. eye* (c.); she felt as if the *l. side of her face was swollen*, which on looking into the mirror she found was not the case; after, *redness and flushing of the l. cheek* (c.); *cloudiness of vision*, as though she had a *gauze before her eyes* (c.); *dryness of mouth and palate* (c.); her *tongue* feels quite *blistered* (c.); *nausea*, w. *inability to bring up anything* (c.); *excessively bitter taste* (c.); feeling as of *boiling water rising in the throat* (c.); *loss of appetite*, w. *oppression at pit of stomach* (c.); *colicky pain and rumbling* in the *bowels* (c.);

violent colic coming on suddenly in the *evening*, w. sensation of *fainting* and *cold shivers* (c.); *oppressed respiration*, w. feeling of *tightness* across the *chest* (c.); *aching, drawing pain* in *r. arm* above the elbow (c.); *strange dreams of a frightful kind* (c.); *she is hot, then cold*—shivering—her *hands* are *constantly cold* (c.); *general chilliness* and *trembling*—she feels *as if cold water* was *being poured down her back* (c.).

(Succession of sy. not observed.)

Sulphur.

In H. Robinson, fr. gl. $\frac{3}{1000}$ in a table-spoonful of water at a single dose, and allowed to act. After some days: *confused feel* in the *head*, w. sense of *languor* (c.); a kind of *occipital vertigo* (c.); a good deal of *coryza* and *sneezing* (c.); severe *heart-burn* and *acidity* (c.); *distension* of the *abdomen* (c.); *feeling of great constipation* and *hardness* in the *bowels* (c.); *fine fugitive pains* in *upper limbs* (c.).

In an old woman, fr. gl. $\frac{1}{500}$ in 8 oz. water as before; a dessert-spoonful each morning. After five to six days: *pain* and *tingling* all through the *head* (c.); both *eyes m. inflamed*; a *feeling as of sand* in them; great *lachrymation* and *coryza* (c.); *palpitation* and *fluttering* of the *heart* (c.); *excessive pain* in all the *limbs* (c.).

In a middle-aged female, fr. gl. $\frac{1}{500}$ in 2 oz. water at a single dose, and allowed to act. After four to five days: *burning heat* in the *eyes* (c.); *nausea*, the least thing upsets her stomach (c.); *sinking feel* at *pit of stomach* (c.); *momentary cutting sensation* in *lower abdomen* (c.); she comes over in the day in *clammy perspirations*, feeling as though she would faint (c.); *unusual thirst* (c.).

In a young female, fr. gl. $\frac{3}{500}$ in 8 oz. water as before; a table-spoonful every second morning. After three to four doses: *painful smarting* of the *eyes* (c.); *weakness of sight*—she *sees things only sideways* (c.); *profuse coryza* (c.); *fearful attacks of toothache*—all the *top row* feel as if being drawn (c.); *dry scraping sensation* in the *throat* (c.).

In a young female, fr. gl. $\frac{1}{500}$ in 8 oz. water as before; a dessert-spoonful every third morning. After some days: *rash* and *heat* of *face* (c.); *pricking feel* in *l. side* of the *throat*, w. *sensation as of a substance which she could not swallow* (c.);

violent *cramp-like pain in abdomen* (c.); *beating nervous feel in the chest* (c.).

In a middle-aged male, fr. gl. $\frac{1}{30}$ in 8 oz. water as before; a table-spoonful night and morning. After two to three days: *colicky pains in the bowels*, coming on suddenly w. nausea and *choleraic feeling* (c.); a most *extraordinarily copious stool*—he thought it would never end (c.); *water became very thick and sedimentous* (c.).

In a young female, fr. gl. $\frac{1}{1000}$ in a table-spoonful of water at a single dose, and allowed to act. After about seven days: *evacuation mingled w. blood* for sev. days—the blood came away quite *passively and painlessly* (c.). [Never had such a thing before.]

In a young female, fr. gtt. $\frac{1}{200}$ in 2 oz. water. After a single dessert-spoonful of this mixture: extreme *nausea* (c.); *dreadful pain in hypogastric region*, as though the *menses threatened*, which was not the case (c.); her *hands and feet* became quite *cold*—she almost *fainted*, and her *face* turned *livid* (c.).

Note.—After the powerful effects of the first dose, she was fearful of taking a second.

In a young female, fr. gl. $\frac{1}{1000}$ in 8 oz. water as before; a table-spoonful every third morning. After two doses: *extreme constipation* (c.); *menses* came on *too early* by sev. days—a thing quite unusual—preceded by severe *colicky pains in the abdomen* (c.); *bruised feel in both arms* (c.); *drawing pain in r. fore-finger* (c.).

In a young female, fr. pil. $\frac{1}{30}$ night and morning. After six to seven days: *pains shooting through the r. eye*, and through the *head* generally (c.); *swelling of fauces*, w. *difficult deglutition* (c.); *pressive pain at pit of stomach*, w. nausea and constant *retching and vomiting* (c.); severe *gripping pains in the bowels*—fomentations would not relieve her (c.); excessive *constipation* (c.); strong *bearing-down pains* (c.); *terrible pains about the heart*, throwing her into a *trembling fainting fit* (c.); *palpitation* (c.); *violent cramp in the legs* (c.); constant *chills and heats*—*great feverishness* (c.).

(*Succession of sy. not observed.*)

In a young female, fr. pil. $\frac{1}{30}$ each morning: *dreadful gnawing frontal pains* (c.); all her *teeth feel loose* (c.); complete *loss of appetite* (c.); her *joints feel dislocated* (c.).

In a young female fr. gtt. $\frac{1}{200}$ in 8 oz. water as before; a

table-spoonful every third morning. . . After seven to eight days: *desponding—cried* several times (c.); sense of *giddiness* (c.); feeling *as of some heavy weight on vertex* (c.); *constant headache* (c.); a feeling *as if the eyes were plucked back into her head* (c.); *the r. eye* feels very *weak*, water runs fr. it when looking at anything for a few seconds (c.); great sense of *indigestion* and *weight at pit of stomach after meals* (c.); *menses* fourteen days too soon (c.); *r. breast* very *painful* and *sore* (c.); *legs itching, inflamed* and *swollen* (c.); a feeling *as if cold water was dropping on the legs*; *sleeplessness*, constant tossing fr. one side to another of her bed (c.); frequent *nightmare*.

(*Succession* of sy. not observed.)

Thuya.

In a young female, fr. gl. $\frac{1}{2}$ in 8 oz. water as before; a dessert-spoonful every second morning. After some days: *boring headache through both temples* (c.); *the eyes feel dim*, as if she was in the dark (c.).

A New Prophylactic Method for Variola.

By NORMAN JOHNSON, M.D., Bay City, Mich.

I WOULD most respectfully call the attention of the profession to a *A New Prophylactic Method for Smallpox*, giving the results of experiments made by myself, and for parallel investigations referring to No. 95 of the *British Journal of Homœopathy*.

(I must here apologise for the meagreness of the details which follow, as the record of these experiments, made at the time they were instituted, were destroyed by fire on the 8th October, 1865.)

During February and March of 1864 I was called upon to vaccinate upwards of two hundred adults and children. Several of the latter were of such delicate and susceptible constitutions that I feared troublesome complaints would result from the introduction into their systems of the morbid matter that would necessarily be introduced by the use of the vaccine virus in the ordinary manner. I had and have been unable to produce any satisfactory results by vaccinating with cow-pox lymph, but

finding that I must use the latter in some mode to obviate the difficulties that would occur in the use of the vaccine, I prepared a one-tenth trituration of the cow-pox virus, and administered it in doses of one grain to each of five children. Owing to continued and unremitting demands upon my time and attention, I was unable to watch the progress of these cases, but learned subsequently from the parents that each child was affected with a definitely marked fever, and also in each a development of pocks in the mouth and upon the lips. This encouraged and decided me to further investigate this method of vaccination.

I was not allowed an opportunity to do so till February of 1865. During this month I was called to visit some twenty-eight cases of confluent variola, and five of varioloid. (I may here state that I treated the majority of these cases with *Sarracenia purpurea*, a limited number with *vaccine* and *cow-pox virus*, and some four cases with *Lachesis*.) Results—two fatal cases, one from exposure as the vesicles were being developed, the other was a patient that came under my care after he had been treated some ten days by an allopath. I considered it a hopeless case when I accepted it. The others recovered speedily and effectually, *without pock-marks*. I have recently seen some of the patients who were most seriously affected, and could find no trace remaining of this most loathsome disease.

While the epidemic prevailed the people were so overcome by their fears, that I was compelled to vaccinate all applicants in the speediest and most striking manner. Such being the state of the public mind, I determined to test the action of the cow-pox virus upon myself. I was vaccinated when but six months of age, never re-vaccinated, frequently exposed to variola and varioloid, but never in any way affected thereby. On or about the 20th of February I took the contents of one tube of cow-pox lymph. Within sixty hours I was nearly prostrate by the fever this induced. Tonsils and salivary glands became tumefied and very tender; vesicles gradually but certainly developed in mouth and throat, in fact, through the whole intestinal tract; about one-half dozen appeared upon my face, but none others externally. Diarrhoea supervened, discharges being watery, frothy, of a greenish colour, and exceedingly fetid. I was unable to eat or rest, being in constant torment.

On the seventh or eighth day I took lymph from the vesicles upon my face and *vaccinated* two children and an adult woman, in

families that I could see frequently. It worked successfully in each case, and from the arm of one I took a scab which I used upon several others with like results. From one of these latter a scab was taken and sent by me to an Indian settlement on the shore of Saginaw Bay, by which a number of Indians, young and old, were vaccinated in a satisfactory manner.

By midnight of the eighth or ninth day my sufferings were intense, agonising. My condition excited serious alarm in my family, though they had no knowledge of the cause, but supposed that I was affected with varioloid, and so declared, notwithstanding my frequent denials that such was the case. The symptoms at this time were intense rending headache, soreness of the mouth and bowels, as before described; mucous membrane apparently covered with vesicles. It seemed as though it were possible to trace and locate every convolution of the bowels by the lines of intense burning pains that passed through my body. Urine scanty, bloody, and fetid. Frequent watery stools, of a bloody greenish hue, exceedingly foul odour, and passed with great tenesmus. Mind gloomy, desponding and oppressed by a sense of impending dissolution. This symptom determined me to end the disease by antidoting the virus with *Lachesis*. I felt confident that I would find relief in this manner, for this symptom had been equally prominently developed in my proving of this drug. Hence I took about two grains of the sixth decimal trituration of *Lachesis*. Felt relief follow in the course of one hour, and fell asleep; rested quietly some four hours (which I had not done for several days), and awoke relieved of the diarrhoea. Glands less swollen, fever controlled, and condition in every way improved. With a repetition of the dose of *Lachesis* about once every twelve hours I rapidly recovered.

Since then I have not attempted to further prosecute the experiment; I intended to this spring, but there was but little excitement in the community upon the question of smallpox, and the young were suffering under so many other disorders that I advised those that did apply to have their children vaccinated to postpone that operation. Hence I have, this season, administered the virus to but one patient. (This was done because she was about to go on a journey to the Eastern States.) It operated well.

These investigations have been carried on independently, and without the knowledge of other parties, also without knowledge

on my part that others were pursuing the same course and with like results; for the authorities that I had been able to consult had decided, either that the morbid products, such as produced in hydrophobia, variola, by vaccination, and even by snake (venomous) bites, when taken into the mouth and stomach, were rendered nearly or quite inert by the action of the saliva and gastric juice, or else that their action upon the system was very feeble, not of that positive and dangerous character developed when introduced from a wound. My experience with the snake poisons, *Lachesis* and *Crotalus horridus* (provings of which I made, and from knowledge thus gained, I have made frequent and satisfactory use of said articles in my practice), led me to doubt the correctness of these opinions. From doubts I proceeded to action, with results as hereinbefore detailed.—*Am. Hom. Obs.*, Aug., 1866.

Permanganate of Potassa. A Proving by H. C. ALLEN, M.D.,
Professor of Anatomy in Cleveland Homœopathic College.

Read before the Western Institute of Homœopathy, June 7th, 1866.

THIS salt is prepared by mixing equal parts of *Binoxide of Manganese* and *Chlorate of Potassa* with five parts of *Hydrate of Potassa*, dissolving in a little water, and after evaporating to dryness exposing the whole to a temperature just short of redness. (It should be re-heated three or four times in order to obtain a good article.) The mass is now treated with hot water, the insoluble oxide separated by decantation, and the deep purple liquid, concentrated by heat, is allowed to crystallize upon cooling. The crystals are long, slender, prismatic-shaped, of a dark purple colour, inodorous, with a very pleasant, sweet, astringent taste, soluble in sixteen parts of water, but insoluble in *absolute alcohol*. A single crystal in an ounce of water forms a beautifully rich purple solution, and presents another instance of the extreme divisibility of matter. When subjected to a bright red heat, they decrepitate, evolving oxygen gas in large quantities. Mitscherlich found that the *Permanganate of Potassa* and *Perchlorate of Potassa* were isomorphous, which was afterwards confirmed by the researches of Miller. Its chemical formula is KO, MN_2, O_7 .

Dr. Sampson, of London, affirms that he has used it with some

success in diabetes; but Dr. King, the eclectic, says that "he has not found any encouraging effects from its administration" in the same disease. The ordinary dose in which it has hitherto been administered is from three to five grains in a little water, three or four times a day (*Journal of Phar. Trans.*, London, p. 18.) In 1857 it was first used as a caustic and deodorizer, and very highly prized by some European physicians. It forms the base of Condry's disinfecting fluid, extensively used in hospital practice as an application to foul ulcers, in which it acts in a double capacity, as a deodorizer and escharotic. It is principally used in solution, and acts with much less pain than most escharotics, hence its empirical use by some physicians of every school as a local agent in diphtheria maligna. The disinfecting lotion may contain from two to ten grains of the salt to the fluid ounce, according to circumstances. Like some other valuable drugs, our eclectic brethren were the first to bring it into general use in diphtheria, but, as usual, without any definite indications to guide its administration at the bedside in disease. To them it was a caustic, disinfectant, deodorizer, and diuretic; and they have used it with more or less success in foul ulcers, malignant diphtheria, and some forms of kidney affections. My friend Dr. Nichol, of Bellville, C.W., has made extensive use of it in diphtheria for some time, with very flattering success; and I have myself used it internally in the ulcerative stage of malignant diphtheria, with very satisfactory results. In malignant ulcerations of the os uteri, with profuse, corroding, very offensive discharges, it has few equals as a local application.

Not satisfied with its empirical use alone, and being unable to find that a proving had ever been made, I resolved to make the attempt. I have received the assistance of my partner, Dr. C. D. Tufford, and two of my students, T. E. Allen and Thomas James.

I am of a nervous-sanguine temperament, not using tea, coffee, tobacco, or any alcoholic stimulant, and in the enjoyment of good health. I am very sensitive to the action of medicinal agents, even in the second and third attenuation.

Tuesday, April 24th, 1866.—At 10.45 a.m. I took six grains of the salt. In twenty minutes felt a hot, burning sensation in the cardiac extremity of the stomach, with a peculiar constricting, smarting sensation in the throat and fauces, attended with a slight inclination to swallow, and a hot, uneasy, constricting

sensation throughout the whole of the œsophagus, which continued for two hours, but as it was relieved by eating I attributed it to the irritating presence of the salt coming in contact with the mucous membrane of the fauces and alimentary canal. 3.45 p.m.—Took ten grains more. 4 p.m., felt a burning nauseating pain in the fauces, extending down the œsophagus to the stomach, attended with a dryness, and constant inclination to swallow. 4.20 p.m.—Throat and fauces feel raw and sore, with an acute pain extending to the ears on swallowing. 4.40 p.m.—Hot burning pain in the stomach, which appears to radiate over the whole epigastrium. 5 p.m.—Continual dryness in the throat, with a slight irritating hacking cough on attempting to swallow. 5.30 p.m.—Deep-seated pain in the lower part of the larynx, particularly in the region of the cricoid cartilage; fauces red and inflamed, and the desire to swallow increasing; the whole throat and larynx feels as though the cavity was constricted, apparently from thickening of the mucous membrane of fauces and larynx.

25th.—Could take but ten grains of the salt to-day, as my throat was so painful that it was with difficulty I could swallow. 10 a.m.—Took the drug. Soon after felt a nauseating sickening sensation in the stomach, and an increase of all the former throat symptoms, with loss of appetite and constipation.

26th.—At 9.40 a.m. took fifteen grains of the salt. In fifteen minutes had a short, hacking cough, with a constant painful urging to swallow, which produced nausea and inclination to vomit, with profuse lachrymation. 10 a.m.—Rough, raw, scraping in the throat, with a constant inclination to swallow, which is very painful. 10.30.—Sharp, piercing pain extending from the throat to the left mastoid process of temporal bone, apparently along the course of the Eustachian tube. 11 a.m.—Constant inclination to hawk up something, which is ineffectual; the mucous membrane of the throat and larynx feels thick, and the larynx very painful. 11.30.—Throat very dry and raw, and a sanious discharge from the nose; nares feel stuffed and full, as in catarrh; the discharge is blood-streaked, although I had no catarrhal symptoms at 9 a.m. Constant, short, painful, hacking cough, and what little is coughed up is streaked with blood, as if the throat were raw; very little nausea and pain in the stomach compared with yesterday. A great deal of pain in the throat all day, particularly on swallowing, for which there appears to be a constant desire. Discharge from the nares and larynx is streaked

with blood, and a sensation of hawking or clearing the larynx, as though the surface was raw. 9 p.m.—Throat, mouth, and lips in particular, are very dry, the latter smart when exposed to the cold air; urine more profuse than usual, and has to be voided more frequently.

27th.—Had a restless night. 2.30 p.m. took another ten grains. In half an hour had an increase of the same smarting, burning pain in the throat, extending along the œsophagus, attended with a burning pain in the stomach. 4 p.m.—A deep-seated sickening pain in the stomach, with a raw dryness in the throat, and a constant inclination to swallow. 5 p.m.—Have had during the last hour a profuse flow of saliva from the mouth (so much so as to attract my attention, although I have had more or less all day, but I was not sure it was caused by the drug), with the same constant inclination to swallow manifested after each dose of the drug, but has now become *very painful*. Uvula soft, palate and fauces are mottled of a dark red colour, with livid spots here and there. The mucous membrane of the fauces and posterior wall of the pharynx feel thickened, and a constant hawking up of a thick, blood-streaked, tenacious mucus, which appears to be abundant, but in reality is very little; aching pain in the region of the cricoid cartilage, aggravated by every attempt at deglutition. The appetite not much affected, but obstinate constipation ever since I began to take the *Permanganate*.

28th.—At 6 p.m. took twenty grains of the crude drug. In fifteen minutes had more violent pains in the throat than have yet experienced, with nausea and vomiting, first of the contents of the stomach, afterwards of a thick ropy fluid, which is ejected in large quantities, but with very little difficulty. Profuse salivation. 6.35.—The fauces and pharynx are red and very painful, and the efforts of deglutition almost incessant, with a profuse flow of saliva, which is allowed to escape from the mouth on account of the pain produced by swallowing. Urine very profuse and clear. 7 p.m.—Nausea and vomiting of the same thick mucus continues; head feels full, face hot, pulse 91, and a profuse perspiration makes its appearance. Compelled to assume the recumbent position. Throat feels raw and swollen, and is very painful, even when not attempting to swallow. Profuse flow of watery urine. Slight hæmorrhage from the nose; feel weak and very much prostrated; efforts of deglutition incessant

and *very painful*. 8.30 p.m.—Took twenty grains more of the drug. In twenty minutes felt an aggravation of all the former symptoms; nausea and vomiting to such a degree that I began to search in vain for an antidote. 9 p.m.—Profuse hæmorrhage from the nose; constant, intense, painful inclination to swallow, but cannot do so; profuse flow of saliva, with a burning, raw, smarting, nauseating pain in the fauces, pharynx, larynx, and extending down the œsophagus to the stomach; vomiting incessant, though painless; everything that is hawked up from the throat is streaked with blood, a sanious discharge from the nares; the posterior nares are painful, and the mucous membrane appears to be thickened so as almost to fill the cavity; speech painful and difficult, hoarse, as though I had tonsillitis; pulse 94; considerable difficulty is experienced in opening the mouth, on account of soreness of parotid gland and muscles of the neck. 9.30 p.m.—Nasal hæmorrhage not so profuse as before. 10 p.m.—Almost constant flow of ropy mucus from the stomach, which is ejected without pain, but does not in the least remove the nausea. Had a sleepless night; fever, thirst, but inability to drink, and was compelled to urinate four or five times (an unusual circumstance with me), urine clear, watery, and in considerable quantities each time.

29th.—Did not feel inclined to take any more of the drug; could eat no solid food on account of the swollen and painful condition of the throat; felt weak and unable to attend to any business; profuse salivation still continues, but have had no vomiting to-day; urine profuse; obstinate constipation. Pulse at 2 a.m. 80.

30th.—Took no more of the drug to-day, in order to take something nutritious, as I had been unable to eat for two days. Symptoms gradually abating; salivation still profuse, and the throat swollen and very painful.

May 1st.—Took thirty grains at 7.35 a.m. In a short time a return of all the symptoms previously related, especially the inclination to swallow, which had in some degree abated since leaving off the use of the drug. No new symptoms were developed. 11 a.m.—Took thirty grains of the drug. In half an hour a return of all the symptoms in an aggravated form, particularly the nose and throat symptoms; coughing, or even hawking, brings up a sanious fluid; increased flow of saliva, which runs out of the mouth almost constantly, with more pain

and difficulty of deglutition than ever. Nasal hæmorrhage, and vomiting of the same ropy fluid, without pain. Pulse at 9 a.m. 95. Head feels dull, throat dry, painful, with incessant attempts at deglutition, from which it seems almost impossible to restrain. Uvula cedematous, and very much elongated.

2nd.—At 9 a.m. took thirty grains. Soon felt an increase of the pain in the throat, and constant inclination to swallow. The vomiting, which had ceased last evening, returned in an aggravated form, attended with a burning, nauseating pain in the stomach and duodenum, which becomes almost insupportable. Salivation profuse; sanious discharge from the nares; acute pain in the throat, extending to the ears and larynx, and producing a titillating cough. 12 m.—Soft palate swollen; uvula swollen, and looks cedematous and of a dark red colour; whole throat feels raw, and everything which is raised by coughing is streaked with blood.

3rd.—Took at 10.30 thirty grains. Nothing new was developed, but an active increase of all symptoms previous. The muscles of the neck feel sore, particularly the digastric and stylo-hyoid and the cervical glands opposite the hyoid bone swollen and very painful. Small ulcerated spots here and there on the walls of the throat, with stinging, burning pains.

4th.—At 2 p.m. took thirty grains more. In thirty minutes a profuse discharge of saliva and urine; nausea and vomiting, and a terrible weakness and languor, particularly of the lower limbs, which compelled me to lie down. The legs feel as though I could not move them, and tremble when I attempt to stand. Nose feels stuffed and full, and hæmorrhage sets in on every attempt to free the obstruction; a thin discharge from the nares, which smarts and irritates the mucous membrane; throat feels raw, and bleeds upon attempting to hawk up the secretion which appears to completely fill the cavity. I could take no more of the drug, from a loathing which would almost produce vomiting to look at it, and although a month has elapsed since I took any of the drug the simplest taste, or even the sight of it, will produce nausea.

I took in ten days 221 grains of the salt. My partner took 51 grains in three days. Pain, heat and dryness of the throat, with a constant desire to swallow, although deglutition was painful, were the principal symptoms manifested. My students did not take so much, but in each case the throat was primarily affected.

Deductions and Clinical Observations.—The *Permanganate* acts powerfully and at once; and like some powerfully acting drugs, particularly *Camphor*, its action is very transient, hence it will bear a frequent repetition. Its sphere of action or range differs widely from *Arsenic*, affecting comparatively but a few organs, but on these it acts promptly, and appears to expend all its force in a short time, unless repeated. In my opinion the *Permanganate of Potash* is destined to fill a vacancy in our *Materia Medica*, in the treatment of diphtheria, long felt by the profession. It appears to be best adapted to that malignant type of the disease, with extensive swelling of the throat and cervical glands; pseudo-membraneous deposit, partially or completely covering the entire fauces; profuse salivation; deglutition difficult, or altogether obstructed; a thin, sometimes sanious muco-purulent discharge from the nares, excoriating the parts with which it comes in contact; speech thick and obstructed, and breath very offensive. In fact, the more offensive the breath, the more promptly its action appears to be manifested. There is no remedy in our *Materia Medica*, with which I am acquainted, that will so rapidly and surely remove the offensive odour of the diphtheritic breath as the *Permanganate*. The *Chlorate of Potassa* approaches its action in this respect more nearly than *any other remedy*.

Experiments with the Membraneous Deposit of Diphtheria.—Since the appearance of Dr. Helmuth's treatise on diphtheria I have subjected the diphtheritic membrane to the action of numerous chemical reagents, such as *Caustic Ammonia*, *Perchloride of Iron*, *Sulphur*, *Nitric*, *Hydrocyanic* and *Muriatic Acids*, *Caustic Potash*, and, lastly, the *Permanganate*. Through the kindness of Dr. R. J. P. Morden, of London, C.W., I obtained a very fine specimen of membrane, preserved for ten days in alcohol. This was the very first opportunity I had had of testing the action of the *Permanganate* on the membrane since proving the drug, and the result more than fulfilled my most sanguine expectations. In twenty-five minutes the continuity of the deposit was entirely destroyed, although it had been hardened by alcohol. I have several times since subjected the recent membrane to its action, with still more prompt and satisfactory results.

From these experiments, I am convinced (although I have never used it) that, as a topical application in diphtheria maligna, it has no equal in our *Materia Medica*.

Preparation.—I have never used it in any other form except

the crystal and first decimal trituration. In each case dissolved in distilled water, or clean rain water. Prof. Hale says that alcohol will render the drug inert, even in small quantities, and spring water, strongly impregnated with lime and other substances, will have the same effect.

It has a specific action on the kidneys, but I am as yet unable to say in what disease it will prove curative. That must remain for further research to disclose.

CASE.—Miss Edith Tisdale, æt. 6, came under my care after she had suffered with a soreness of the throat, attended with high fever, for a week. She had violent headache; throat swollen and painful, not much difficulty in swallowing; profuse salivation; the cervical glands were swollen and painful, and the entire fauces covered with peculiar wash-leather-like, grayish coloured membrane. The breath was very offensive from the beginning of the attack, and a thin, watery, sanious fluid escaping from the nares, which had already excoriated the superior labium. I immediately pronounced it a malignant case of diphtheria. Gave her *Mercurius Iodatus*, 2nd trituration, every two hours, which was continued for two days without any improvement. *Biniiodide of Mercury* was now substituted, in alternation with *Belladonna*, as her headache was still severe; continued thirty-six hours without any apparent improvement. *Caustic Ammonia* tincture, three drops in water, was now given, dessert-spoonful every two hours; and as the odour of the breath was almost unbearable, I gave a solution of *Muriatic Acid* as a gargle, but as she could not gargle her throat I gave it internally, with the same result. Hitherto I have had more satisfactory results from the use of *Caustic Ammonia*, in malignant diphtheria, than any other remedy I ever used, and began to despair (when I saw it fail me) of saving my little patient. The *Muriatic acid* having no effect on the odour of the breath, I discontinued the remedies, and gave her *Chlorate of Potash*, 1st trituration, in water with the same result. From the commencement the friends had very little hope of her recovery, as they had already lost their oldest son with the same disease. A dark coloured, offensive diarrhoea was now added to the list, while, with vomiting, fluids taken by the mouth were returned by the nose, and a general prostration seemed to be the precursor of a fatal termination. Gave *Iodide of Arsenic* 2nd, every two hours, but with no improvement. At this stage I dissolved three grains of *Permanganate* in one half-glass of water,

gave her a teaspoonful at 9 p.m., to be repeated every hour until I saw her. Called at 12 p.m., found her much improved, breathing easier, and a warm perspiration had made its appearance. Continued the medicine. The next morning when I called the improvement was very perceptible on the countenances of the friends before I entered the room. Found her sitting up in her bed, and her whole appearance changed. On examining the throat, to my astonishment, I found the membrane, hitherto so extensive, almost gone, a small patch on the left tonsil alone being visible. The offensive character of the breath was completely changed; in fact, I could discover no odour at all. Continued the medicine every three hours while awake, and she went on to a speedy convalescence.

This is only one of a number I could relate treated with the *Permanganate*, all with equally good results.

I am unable at the present to give a reliable antidote, but would recommend some alcoholic preparation to be tried. Brandy, or even diluted alcohol. Wine may prove an effectual antidote. —*American Homœopathic Observer*, 1866.

Homœopathy in India.

We have received a copy of the *Indian Daily News* of the 26th February last, which contains a report of the annual meeting of the Bengal branch of the British Medical Association, which, it would appear, is worthily following in the steps of the parent Association in this country. Dr. Motendro Loll Sircar (a native, we presume, from the name), one of the vice-presidents of the Association, read a paper *On the Uncertainty in Medical Science and the relationship between Diseases and their Remedial Agents*. In the course of his paper he alluded with praise to the labours of Hahnemann, and gave it as the result of his experience that medicines, prescribed on the principle of similars, sometimes did good when the ordinary drugs failed. The unfortunate author of the paper was immediately attacked with the customary anti-homœopathic virulence of the British Medical Association—aggravated, we may suppose, by exposure to a tropical sun, and a long course of curry, chutney, and other inflammatory and hepatic condiments. Dr. Waller “would not allow Dr. Sircar to speak a word more at the meeting: it was evident he was a

homœopath." Dr. Sircar protested he was not a homœopath. Dr. Waller: "If you speak a word more we will turn you out of the room." If Dr. Sircar was not expelled he could not remain a member. Dr. Chuckerbutty, the president, was of Dr. Waller's opinion, and would not allow Dr. Sircar to speak again at the meeting. Another physician happened to mention that he had observed the efficacy of some of the homœopathic remedies, but he was at once stopped by the meeting for alluding favorably to homœopathic treatment. The report is long, and gives us many gems of allopathic intolerance and bigotry; but our limited space prevents us giving more of the discussion, where the arguments of the one side were met by mere frantic abuse and threats on the other.

BOOKS RECEIVED.

The Science and Art of Surgery, &c., by E. C. FRANKLIN, M.D. Part 1. St. Louis, 1867.

Our Holiday at the Hayes, by GEORGE STRONG, M.D. London, Headland, 1867.

The Homœopathic Medical Directory, 1867. London, Turner.

On the Distemper of Dogs, by JAMES MOORE, M.R.C.V.S.

The Hahnemannian Monthly.

The New England Medical Gazette.

The Monthly Homœopathic Review.

The North American Journal of Homœopathy.

The American Homœopathic Observer.

The Western Homœopathic Observer.

The Chicago Medical Investigator.

L'Art Médical.

Bulletin de la Société Homœopathique de France.

El Criterio Medico.

Neue Zeitschrift für Hom. Klinik.

New Remedies, by EDWIN HALE, M.D.

We thank Dr. Angell, of Boston, for his polite letter, and No. 10 of the *New England Medical Gazette*, containing the English version of Dr. Hering's *Die geflissentlichen Verschreibungen*.

THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

THE SUBCUTANEOUS INJECTION OF HOMŒO-
PATHIC MEDICINES.

By Dr. KAFKA, of Prague.*

THE method of injecting medicinal substances under the skin has been a great favorite both at established hospitals and in general practice. In obstinate neuralgia, in spasms of the most varied forms, in painful affections depending on constitutional or infectious disease, as *e. g.* in cancer, erosions, indurations, &c., subcutaneous injections of *Morphine*, *Opium*, *Atropine*, *Quinine*, &c., have been already employed with success. Being animated with the idea that, perhaps, anodyne and curative effects might be produced by homœopathic medicines, also in minimal doses, I made last year, in a desperate case, my first experiment of a hypodermic injection with a homœopathic medicine, which had such an astonishing effect that I feel obliged to give it publicity, and, at the same time, to commend the method most earnestly to homœopathic physicians for further experiment.†

* From the *Allg. Hom. Zeitung*, Bd. lxxiv, No. 14.

† We join in this recommendation, and shall hereafter, in suitable cases,
VOL. XXV, NO. CI.—JULY, 1867.

That lady, a short account of whose cure with *Atropin* I published in Vol. I of my *Hom. Therapie*, p. 501, found herself since the year 1858—*i. e.*, ever since her restoration by the above medicine—in a very comfortable state. She had in the interim three favorable confinements. If now and then an attack of spasms set in after some mismanagement or error in diet, it was generally removed very quickly. In the spring of 1865 all her four children were ill of whooping cough, which induced her to spend the summer with them in the country. It was partly her excessive exertions with the sick children, partly the constant fear of ill results from the whooping cough, which one of them had very badly, and partly the frequent night-watching with the patients, that caused a recurrence of the cardialgic attack, which appeared with the peculiarities described in the work referred to, continued, with more or less violence, the whole summer, through the autumn, till winter, and could be relieved by none of the best-known and approved homœopathic remedies.

The utter failure of homœopathic treatment, as well as the fact that the fits of pain became more and more intense, and often raged for four or five days without intermission, led to several consultations with our clinical professors, under whose guidance various narcotics and “*nervina*” were employed. Thus, the patient took *Morphine* in increasing doses; she began with $\frac{1}{20}$ of a gr. every two hours, and the dose was increased every second day. It was hoped that, by increasing the dose gradually, the nerve would be blunted; and this went on till the patient took 3 gr. of *Morph.* in twenty-four hours. The effect was nil; not only were the pains not relieved, but not even once did any narcotism take place. *Zincum valerianicum* was exhibited in increasing doses without the slightest effect. One professor gave chemical solvents of biliary calculi, and

make experiments of subcutaneous injections of homœopathic medicines in dilution, and shall publish the results. There really could not be a better proof of the efficacy of minimal doses than the fact of an obstinate pain being speedily removed by such injections. The present report furnishes the first documentary proof of this.—ED. of *Allg. Hom. Zeitung*.

proposed to employ Durand's remedy (*Ol. Terebinth.* and *Æth. Sulph.* aa). This, however, did not agree with the patient, but aggravated the pains to a violent degree. After many other remedies had been used without effect, and the patient in despair was attempting suicide, I proposed employing *Chloroform* as an anæsthetic, and by this the pains were actually alleviated for some time. The patient, delighted with a palliative medicine, had recourse to it without attending to our advice or warnings, on every renewal of the pain ; and so it came to pass that throughout a long period she kept using 4 ozs. of *Chloroform* in the twenty-four hours without any perceptible injury from its abuse. When at last even this remedy lost its quieting effect, I decided, in conjunction with the professors, to employ subcutaneous injections. These were undertaken by Dr. Ott, junior prescribing-physician at the hospital, first with *Atropine*, then *Morphine*, then *Quinine*. After twenty injections there was no good result ; for a few hours, certainly, narcotism and partial alleviation of the pains did occur, but the spasmodic attacks afterwards became more and more intense and protracted. The patient was already in the highest degree anæmic and emaciated ; her face sunken, her strength quite gone.

March 10th, 1866, I again met Dr. Ott for the purpose of a subcutaneous injection. The pitiable sufferer lay crouching, moaning, and groaning in bed. On my questioning her she complained of burning and pressure in the stomach and spine, dryness of the mouth, insatiable thirst, and paroxysms of fainting. Pulse small and quick, urine considerably diminished. With such pregnant symptoms I proposed injecting the third dilution of *Arsen.*, which was executed by Dr. Ott with the utmost readiness, and with manifest interest on his part. *The result was literally like magic ; even in one hour the above-mentioned symptoms were all gone, the pain perfectly removed !* In order to guard thoroughly against a return of the pains, though there were no fresh indications present, another injection with *Arsen.* was performed next day. *The fits of pain stayed away from that day forth entirely, and have never since returned.*

Soon after normal appetite set in, strengthening diet was ordered, which soon produced the thorough restoration of the patient.

March 23rd of this year (1866) I was called in to R—, a merchant, who, according to the account given, had lain in a state of convulsions since yesterday evening. On the morning of the 22nd he returned from a journey, having been for some time previous in an excited state, saying and doing many things without rhyme or reason, had been laughed at for this by those about him, whereupon he became very angry, and still more excited. That same evening he devoured his supper in a hurry, and was immediately seized with oppression of the chest and difficulty of swallowing. In the greatest agony he ran up and down the room, trying first with water, then with sugar, then with bread to overcome the spasm in his throat, which however increased every instant in violence to such a degree that he was nearly suffocated. An allopath was called in, who found him already in an unconscious state, seized with clonic and tonic convulsions. He ordered ice to be applied to the head, prescribed a mixture with *Laurocerasus*, and also employed some epispastics. The convulsions, however, did not give way. About 3 a.m. the mixed convulsions turned into tetanus, combined with trismus. March 23rd, 7 a.m., the tetanus still continued, and all medical treatment being impossible, the allopath proposed removing him to the general hospital. His relations not agreeing to this, it was resolved to seek my advice. It was out of my power to visit him till 10. He is about 40, thin, and of weak constitution, lying in a comatose state, with his jaws closed firmly, and his whole body stretched out quite stiff. I could not bend arm, foot, a single finger, or toe. The nape, too, was quite rigid, and the whole frame like an immovable log; the head hot, the sunken cheek with a circumscribed red patch, the respiration snoring. On each attempt to bend any part of the body the snoring increased; the eyes fixed, with pupils contracted, and no trace of sensation; he neither feels the pricking of a pin, nor moves his face when pinched or burnt with a hot needle. Pulse full and slow, 52 by

stop-watch; the pulsation of the heart is weak, too, the integuments of the abdomen are drawn in and tense; no urine passed all night.

I pronounced the case to be *tetanus in consequence of meningitis*, with a very dubious prognosis; and as no medicine could be administered either *per os* or *per anum*, I proposed a subcutaneous injection with homœopathic medicine. This I performed myself before noon, selecting *Cicuta virosa* 2, especially because the tetanus was developed from meningitis with convulsions preceding. 5 drops with 5 drops of tepid water formed the injection. *The result was brilliant!* Even in one hour the nurses observed a striking remission of the rigidity and coma. By 2 o'clock the patient was restored to consciousness, and asked for the urine glass and something to drink. At 3 he recognised those around him, and at 4 I found him sitting up in bed and promptly replying to all my questions. Still, speaking cost some effort, and his power of memory was still somewhat disturbed. He complained of the nurses being so rough, as they had made red marks on his arms by grasping them. This was actually the case; they told me they had to hold him down, because he wanted to jump out of the window in the night, and smashed a pane for that purpose. His head was cool; his cheeks no longer red; pulse 60. I had no need to administer any medicine, as I did not like to disturb the action of the *Cicuta*; so I ordered them to supply him constantly with drink or a little weak broth, and leave off the cold applications to the head, as being no longer needful. The night of March 23 passed without sleep, yet the patient kept pretty quiet, and this hopeful condition also continued throughout the 24th. That night he slept two or three hours before midnight; after that his head grew hot again, he began to talk much and confusedly, and to quarrel incessantly with the nurses, who, as he fancied, wanted to poison him. I found him in this state with extraordinary talkativeness, March 25 a.m., and therefore employed *Belladonna* 3 in solution, a dose every hour, with cold applications to the head. That day passed rather more quietly. In the night of March 25th the brain symptoms

became more violent ; he tried to get out of bed, struggled against the nurses with all his might, and even struck one in the face with his fist. I gave *Stram.* 3. He not only did not grow quiet, but also, under an impression that he would be poisoned, refused medicine, and behaved very savagely, not only towards me but the nurses and his relations. Under these circumstances I could no longer, for want of time, continue the treatment, so I handed him over to the mad doctor here (Dr. F—) whose prognosis as to cure was very doubtful.

The rapid action of *Cicuta* in this case is highly interesting as regards the *tetanus*, which, notwithstanding the increased violence of the meningitic symptoms, did not recur. The action of the subcutaneous injection was so exquisite, that I venture to call the attention of homœopathic practitioners to the merits of the method, and shall at the same time endeavour to publish every case, successful or unsuccessful, through the medium of homœopathic periodicals.

ONE DAY OF MY PRACTICE.

By Dr. WATZKE.

(Continued from p. 298.)

CHRONIC CATARRH OF THE CONJUNCTIVA.

CASE 7.—My friend, —, an official, about 40, of very feeble frame, took an excursion into the country ; a sharp gust of wind carried his hat off : in chasing it he got overheated, and then sat in a vile omnibus exposed to the draught. On getting home, he found his eyes painful and sensitive to the lamplight. Next morning both eyes somewhat agglutinated in the corners ; in a few days a regular catarrh of the conjunctiva set in.

In the course of the next fortnight the sufferings were considerably relieved by *Nux vomica* and *Pulsatilla*. His

eyes can bear light and wind, yet they were sensitive and tearful in writing and reading. In spite of this, my somewhat imprudent friend went to the coffee-house—whether it was the dazzling gaslight or the smoke, the eyes relapsed, and his sufferings reached a higher point than ever, with a strongly marked redness of the conjunctiva of the eyeball, and still more of the lower eyelid; agglutination of the lids in the morning; dull pain of the eyeball, and intolerance of straining and light.

For four or five weeks I exercised my skill on this disorder without success. Either I did not hit upon the right medicine, for which there was some excuse in the poverty of symptoms afforded by the case, or, what seems to be more probable, my error lay in changing the medicines too rapidly.

After the above two medicines, *Bell.*, *Merc.*, *Rhus*, and *Euphrasia* were given. The eyes oscillated between amendment and aggravation; no essential lasting progress could be observed.

The manager, to whom the six or eight weeks' absence of a clerk from the office was a sore subject, now pressed him to get the advice of a *specialist*, to which I heartily agreed, and the patient betook himself to Professor —. This gentleman declared the affection of the eyes to be a very trifling one, "such as might certainly have been long ago removed, if one had at once employed any proper remedy," and promised a perfect cure in a week, or at most a fortnight. Unfortunately, however, this sanguine prognosis was not verified. In spite of the most approved collyria, and the repeated use of lunar caustic, more than four months passed before my friend was able to resume his seat in the office.

Could any one take it amiss if I ventured to believe that, under my care, the man would have sat beside his superior some months sooner?

PHLEBITIS.

If I am somewhat prolix in this case, the importance and rarity of it will be my excuse.

CASE 8.—Mr. Jacob R— belongs to that large class of patients in whom his medical attendant has “a fruit tree that bears all the year round,” as Dr. Mises expresses it; *something* is always amiss with him. At present he is merely suffering from his ordinary morning cough. This generally attacks him soon after awaking, continues in violent barking fits for ten or fifteen minutes or more; yet only brings up a trifling amount of white frothy mucus. For the rest of the day the cough keeps quite quiet, as a rule. The chest exhibits nothing abnormal on auscultation and percussion in its whole extent. This torment of a cough has not been much deterred from its morning visit by my medicines.

The patient's age is sixty-one. Being of a strongly-marked choleric temperament, he is easily upset by even very trifling causes, which bring on quite violent outbreaks of passion. It is only at times that his predominant grave sombre temper gives place to gaiety and lively humour. His complexion is brown, with a touch of yellow; his hair has, probably from early sorrows, been perfectly white more than thirty years. When a boy, he was attacked by repeated fits of violent and very painful colic. The doctors—amongst whom was old QUARIN, honoured name!—called the disease bilious colic. One of the most violent and obstinate of these fits was removed like a shot by a four-fold venesection on both hands and both feet at once. He remembers having suffered, when a youngster, from severe pneumonia, which Quarin (who was called in as he thought too late for bleeding) attacked with a blister covering the whole chest, which was left on so long that, when at last removed, it took away with it the whole of the epidermis. In later years, too, although exempted from serious and dangerous illnesses, he seldom long enjoyed perfectly undisturbed health.

I have attended him thirteen years, and see him almost daily. Besides the habitual cough, he was visited during this time with confusion and a sensation of weight in the head (and this always, to a certainty, when he neglected getting his hair cut for some time), sometimes by pains in the throat, a peculiar affection of the cavity of the mouth,

a sudden pain in the sacrum, rheumatic stitch in the side, gastric derangement, constipation, and diarrhoea. I shall only describe the affection of the mouth because it seems to stand in a certain (however remote) relation to the disease named at the head of this article (Phlebitis). There appeared, without any definite cause, on the palatine arches, the hard palate, the mucous lining of the cheeks, the gums, and under the tongue a dirty brownish reddening; here and there on these parts were formed arborescent vascular ramifications. Some individual vessels swell to the thickness of a crowquill, and discharge, either spontaneously or when punctured, a trifling quantity of blood-like fluid. No pain, nor any trace of fever present, except dry warmth of the skin; appetite little impaired; sleep, on the contrary, generally much disturbed. This affection—inflammatory congestion of the veins, or venous stasis—disappeared by the use of *Nux vom.* within a few days invariably. I regarded the specks of blood—ecchymosis—that sometimes appeared on the conjunctiva of the eyeball as a process analogous to the above mentioned. For these also I employed *Nux vom.* with the happiest result.

The above is the pathological anamnesis of the patient.

It was on the 19th of February, 1850, that I found my patient at my morning visit (not having seen him for some days) in his easy chair with a thick bandage about his right knee. He could with difficulty stand up, and the attempt to walk a few steps caused great pain. He had, as he told me, a few days before, observed a painful tension and slight swelling under the right ham, which rather hindered him in walking, and as these symptoms increased, a bag of warm dry chamomile flowers was laid on. The evening before, chilliness had come on accompanied with colicky pains in the abdomen; the night was a very restless one.

On examination of the limb, there appeared on the inner side of the leg near the knee a hard tumour very sensitive to the touch, in the middle of which there was a stripe running from below upwards, brownish-red, somewhat elevated and feeling uneven, like a bit of thick harp-

string, tense, about two inches long; from this stripe the tumour flattened out, and the redness extended, paler towards the edge, perhaps about two inches on each side.

I was informed the patient had, about twenty years before, a similar "gouty tumour" (Gichtbeule) on the same leg, which, after Professor Zang had for full eight weeks applied all sorts of mollifying cataplasms, rubbed in mercury and other salves, and put on a great number of leeches, and all in vain, had at last been dissipated in a few days by the miraculous curative power of a similar bag of chamomile flowers, so I had no objection to allow it to be employed in this case also.

Next day, as the pain and swelling had considerably increased, and moreover we fancied we had discovered that the sufferings were entirely due to a mechanical cause, viz., overstraining the leg, the chamomile bag was removed, the tumour covered with a compress of dry linen, and *Arnica* given internally.

On the third day, February 21st, no amendment; the night a very restless one; treading with the bad leg quite impossible; with this, a distressing, dry cough, want of appetite, and great lassitude; increased melancholy humour; swelling and redness extend already along the ham quite to the thigh.—Fomentation with cloths dipped into hot water. *Rhus* instead of *Arnica*.

February 23rd and 24th.—Felt tolerable in the daytime; still great restlessness at night; slight feverish attacks, fits of anxiety; very little sleep. *Arsen.* 6 dissolved in water, a teaspoonful every two or three hours.

Next day (the fifth of my treatment) Professor Dummreicher was called in, from a notion that it was merely a local affection, and therefore fell under the category of surgery. Now, to begin with, cold compresses with Goulard's extract of lead, and rubbing with mercurial ointment were prescribed.

For a few days it seemed inclined to amend. In the night of February 28 to March 1 feverish chill came on again, repeatedly alternating with dry heat, tight chest,

restlessness, anxiety; with this, distension of the abdomen, violent pain in the bad leg, and complete sleeplessness. The cause of the aggravation was sought in the abdomen; prescription—*rhubarb* and warm poultices on the “part affected.” Meanwhile the poor leg was swollen within these few days to twice its size, yet not oedematous but hard to the feel. The mercurial ointment was only rubbed in two or three times, and then the pain of the friction being intolerable, it was laid aside.

March 1st and 2nd.—The patient's condition was somewhat more endurable. In the night of March 2nd and 3rd a violent aggravation set in. The professor took this for a kind of ague, and ordered *Quinine*. The disease, however, was not to be turned aside from its onward course by this treatment. Whilst the days passed pretty quietly for the most part, the nights were always more tormenting; repeated shivering, more or less severe, followed by dry heat. Paroxysms of indescribable anxiety, combined with dyspnoea and palpitation, frightful fantasies, and now and then very painful cramps in the calves, deprived the patient of almost all sleep. In the night of March 4th and 5th the cramp in the calves was so violent, and the cold fit shook the patient to such a degree that (as the reporter expressed it) his very bones cracked.

The professor thought a nerve deep-seated in the calf must be inflamed, so he had recourse to *Morphia*, and I must attest the fact that the torture at night was evidently diminished by it, at least for a time. The patient, however, also became more and more prostrated in the daytime, lost all appetite, and fell away uncommonly. The inflammation had, from its original starting-point under the hollow of the knee, gradually up to March 12th, seized the main vessel of the leg (*vena saphena magna*) through its whole extent along the inner side of the thigh. In the cord-like stripe above mentioned, which could now be traced up nearly to the groin, several hard lumps as big as hazel-nuts, and bigger, had formed at distances of two or three inches. One of the largest the professor undertook to open as soon as it should be ripe, and promised himself a very good result.

Already did the *Morphia* begin to fail to do good any longer; the nightly aggravations again became worse than ever, the pains in the feet more and more intolerable. To these was added, evidently as a pernicious sequela of the drug, obstinate constipation. Purgatives seemed no longer advisable, the patient's strength having already sunk very low; repeated clysters were quite ineffectual.

18th.—This day was at last fixed upon for the operation (his wife was desired to hold a saucer to receive the matter). Instead of the matter so confidently expected, *blood* described a parabola out of the lanced lump, to the no small consternation of the operator.—A warm slipper bath into which the patient was put on the 20th answered very badly. Anxiety, short breath, and fainting fits in a few minutes drove him out of it, and after it he looked excessively reduced. In the evening of the same day, in addition to this, a violent pain commenced in the right side of the chest, which, along with a frequent cough which set in at the same time, became almost intolerable.

21st, at 6 a.m., I was sent for to the patient in the greatest hurry. I found him sitting up in bed, supported by the nurse, with his head and chest hanging helplessly forwards, anguish and despair depicted in his pale sunken countenance, with a languid fixed stare, and his lower lip sticking out flaccid and projecting; distressed by unceasing irritation to cough, he breathes with difficulty, short, and quick. Every gulp of cold water, after which he pants, every spoonful of plain soup which is poured down his throat, the eructation which sometimes takes place, nay, every deeper inspiration which he ventures to draw, provokes coughing, and each severe fit causes the most violent stitch in the right side of the chest and especially posteriorly near the lower end of the shoulder-blade. In this condition, and in such torments had the patient passed the whole night without sleep. Lying down is impossible, as he is threatened with suffocation. Pulse and beating of the heart irregular and intermittent; the pulse besides is small and weak; tongue dry; skin rough, its temperature diminished

on the face, hands, and arms, but increased on the rest of the body.

My diagnosis.—Inflammation of the lungs and pleura. Pleuro-peripneumonia venosa. Prognosis almost hopeless.

Treatment.—*Arsen.* 3, a few drops in half a glass of water, a teaspoonful every quarter or half hour; cold compresses on the chest.

Professor Skoda being called in to consult with Professor von Dummreicher a few hours after this, confirmed my diagnosis in every particular after the most scrupulous physical examination. He, like myself, thought it very probable that the phlebitic process, setting out from the great vein of the leg, had now seized the *vena cava ascendens*, and that in addition to this, a similar progress of the disease into the veins of the lungs and pleura must be assumed. Utterly despairing of a cure, when the patient's wife asked what hope she might entertain, he replied, "His blood is unfortunately coagulating in his veins."

The treatment was now left entirely to me. As the phenomena continued much the same since my first visit, I changed from *Arsen.* to *Nux vomica*. I confess that I had most carefully studied Hahnemann's *Materia Medica Pura* at home for the remedies which appeared indicated for this desperate case.

Next to the totality of symptoms I was determined as to the choice of this remedy by the temperament of the patient and the decided and rapid benefit derived from this same medicine in most of the sufferings and diseases for which I attended him in former years. I mixed a few drops of the tincture in a glass of water, and ordered a teaspoonful every quarter or half hour.

The result surpassed all expectations. Even by the second day of my treatment, March 22nd, a decided abatement of almost every one of the symptoms set in. The anxiety and dyspnoea were diminished; pulse and beating of the heart more regular; the cough, now less distressing, brought up some yellowish-brown mucus or white blood-streaked froth. *Nux vomica* continued, and cold poultices applied to the bad leg.

Next day, March 23rd, Professor Skoda found the patient in a much more comfortable state, and at his third visit on the 26th he considered his speedy recovery very probable.

In the night of March 28th—29th, he enjoyed for the first time refreshing sleep for many hours. From that day forth amendment progressed rapidly, although the nights continued for some time to be more or less restless.

April 3rd (the thirteenth day of my treatment) the inflammatory disease of the chest might be declared quite at an end.

The amendment and cure of the leg took more time, although by the 6th of April he could leave his bed for some hours and stand on the bad leg, and by the 12th, on which I first allowed him to go out, was able to walk down stairs without any pain to signify, yet the lumps above mentioned did not entirely disappear for some months. Swelling, though in a less degree, perceptible weakness and a disagreeable feeling of weight, were still present at the end of twelve months; and some years later still the leg that had been diseased, when placed beside the other, showed a somewhat greater bulk.

It is worthy of notice that the morning cough from which he had suffered so many years ceased entirely for seven or eight months after this disease.

EPILOGUE.

Query: Was the above a medicinal or a spontaneous cure?

Is the evident rapid amendment which in the above case ensued upon the exhibition of *Nux vomica* to be considered a happy coincidence, or was the merit due to the medicine administered, grounded on its specific curative principle? Or does it find its explanation in the natural course of the disease? In other words, does the progress of the disease before and after my treatment justify the conclusion that we have before us a medicinal cure?

My answer to this question is given above in the fifth

article of my medical creed, clearly and plainly, as follows :*

“Nihilism has no authority in opposition to physiological therapeutics. The medicine that is specifically selected on the principle of similitude, and most suitable for the individual case, cures the disease (provided it is generally a curable one), positively and directly.”

This article is just a corollary of the preceding one, which stated that “*it is not nature, but the physician and the medicine that cures.*” “*Sola remedia sanant, Doctores medici !*” Bagliv. l. i, c. 11, § 1.

If the advocates of the physiological school, with their own clinical results before their eyes, despair of the positivity of the cure, and moreover are proud of that despair, there is not much to object to.

“What man of sound natural understanding would allow himself to take it into his head always to model the views of others exactly according to the length, breadth, and thickness of his own ?” says Swift, in his *Tale of a Tub*.

I only find it strange that these sons of Æsculapius are not ashamed to stand by a sick bed with a consciousness of their own utter impotence ! Were I in their place, deceiving myself with this comfortless conviction, I would send my diploma back to the Faculty, lay aside my doctor’s hat, and learn some handicraft trade. “*Neminem nominabo, genus hominum signâsse contentus.*” Tacit. de orat. c. 23. Such is my answer to that question.

The whole body of Hahnemann’s followers will with full conviction endorse the above paragraph. But as for our opponents, we cannot flatter ourselves that the character of logical cogency will be found in them as regards this our view. Let us first hear on what grounds the two eminent and learned professors who took part in the case can defend their view of it ; which most probably must be the direct opposite of ours.

With Professor Skoda, who sees in the art of medicine

* We quote this from page x of a long introduction which we have omitted.

no positivity or reality, *i. e.*, in plain English, *no art of medicine at all*, but an art of sham and delusion, one could not on this point dispute, seeing that declares, not only Hahnemann's *Materia Medica*, but, consistently enough, *his own* too, and every pharmacopœia connected with them to be good for nothing rubbish. With all the high respect which I cherish for the character and talent of the great diagnost, I must still assert that I have no particular confidence in the logical consistency of the anti-homœopathic sequence of ideas in any one of our opponents, whatever name he may bear.

Professor von Dummreicher, however, is no nihilist. Whoever is, as a practical physician, aware of his own usefulness, must also hold the same to be possible in another—logic and equity here seem to have no other choice. Nevertheless, it need not surprise us if the professor's philosophy should bring to light quite different conclusions, such as—"The ailment was originally quite local; the gradual extension of it over the whole course of the *vena cava ascendens*; the development of an analogous process in the lungs; the transfer of a morbid process, at first limited to a point and threatening that point with destruction, over a wider venous sphere and the whole area of blood formation, not only rendered possible and easy, but also directly determined the ultimate cure under the appearance of advance and aggravation. The rapid decrease of the disease from its dangerous culmination, which surprises none but the ignorant Hahnemannist, is, to those who occupy the newest standing-point of science, nothing more than the natural course and decline of the disease." "Quidquid enim ad summum pervenit, ad exitum properat" (Cicero).

Such posthumous wisdom does not look well, does it, in a man who, twelve days before, gave up the patient as hopeless? Query, whether such a conclusion be not also, in other respects, quite improbable? It is by-the-by merely put forward as hypothetical and possible; still I have, during my practice (now extending over more than thirty years, and attended with no mean difficulties), had such ample and bitter experience in this respect, that I do not think I

go too far when I assert that there is no disease however severe, tedious, and dangerous whose cure, however rapid, evident and complete, your opponent (even though he be your best friend) will ascribe to your atoms of medicine! At the utmost he will concede that nature, good luck, and coincidence favoured you and your sham treatment. Any actual positive merit he never, never can allow you, even supposing he professes himself honest and open to conviction.

The anti-homœopathic literature, from Simon junr. to Eigenbrodt, exhibits an ample store of learned commentaries on cures which the reformed school believed it could reckon amongst its most brilliant triumphs. I take the liberty to point out, in some cases of my practice, how little wit (*quantula sapientia*) it requires in the "mixture-as-before" philosopher to metamorphose the finest and rarest instance of medicinal cures into a simple every-day case of the "*vis medicatrix naturæ*."

1. GASTRO-ENTERITIS.

a. August 31st, 1854.—The wife of master-tailor Merl, No. 62, Rosengasse, Laimgrube, brought her boy Ernest, six weeks old, to me for advice. The child, for want of mother's milk, being fed on milk-and-water, weak broth, and *eau sucrée*, was suffering from diarrhœa and vomiting for the last fortnight. The diarrhœa profuse, very watery, greenish; everything he takes is thrown up,—milk (generally curdled), broth, and clear water, all alike. For the first week the child screamed and cried for hours together, often jerking with its feet and distorting its eyes. For the last two days it takes nothing whatever, and lies—given up by the doctor with his *Calomel* powders—almost motionless, only uttering now and then a shrill, piercing cry.

When, proceeding to closer examination, I lifted the veil from its face, I thought at the first glance I actually saw a corpse before me. The countenance was sunken and ashy-grey; the eyes deep in their sockets and turned up; the body emaciated and cool to the feel; pulse difficult to find,

and thread-like; the abdomen sunken in, with some extensive irregular livid patches on it.

It will surely be understood and excused if (with the wise maxim of Corn. Celsus* before me) it was, under such circumstances, only at the earnest entreaty of the disconsolate mother that I consented to prescribe one more medicine.

I moistened about a teaspoonful of finely powdered sugar with a few drops of *Tincture of Veratrum*, and told the mother to put a small knifepointful of it on the tongue every two hours. As to food, I ordered the broth to be laid aside, and merely very weak milk-and-water to be poured down from time to time lukewarm. When she left, I had the distorted little face covered again carefully with the veil, that those who were waiting in the anteroom might not be shocked at the sight.

The third day after, September 2nd, the mother comes again to my consulting room. "No doubt," said I, "you are come for a certificate of death; why not get it from the previous doctor? If you ever again call me in to a half-dead . . ." in this way, not quite in the most amiable temper and manner, I responded to her friendly salutation. She interrupted my premature grumbling with "Oh no! the child is really somewhat better; I only want a little more of the powder."

September 5th, the sixth day of treatment, the little boy is again brought to me. He now sleeps quietly all night; takes the milk well, and keeps it down; has normal evacuations, and looks better. A week after, the mother with the child on her arm meets my predecessor. "The broth," says he, "did not agree with the poor little thing; children recover just as quickly as they fall away." *So the diet had done all!*

Now let me ask, Is there, in a case like this, no force of evidence constraining the opponent to acknowledge the positive efficacy of the specific remedy? Is it not hopeless to think of convincing any one of the cure of a patient?

* "Est prudentis hominis, eum, qui servari non potest, non attingere, ne videatur occidisse quem sors ipsius interemit."—Celsus, *Select. Sent.*, lib. v, 3.

b. Hermine, daughter of merchant Purkert, of Lange-gasse, Josephstadt, born a strong, healthy child thirteen weeks ago, had an eruption in the third week of her life. It was just called a "heat eruption;" no importance was attached to it, and it vanished, too, after three days. For all that, however, it was thought necessary—not exactly by medical men of the newest physiological school—to expel from the body by harmless laxatives the latent impurity of the fluids.

From that time began a long period of suffering for the poor child; the aperient medicine seemed to have brought the tender digestive system into permanent disorder. The evacuations of semi-fluid greenish matter were incessant; soon after frequent vomiting set in. The child cried and wailed a great deal, slept extremely little and restlessly, and got very thin.

Allopathy, which satisfies all therapeutic indications—venerable, according to Töltenyi, for its antiquity—founded, according to Feuchtersleben, on immovable grounds—wearied herself in vain with the disease for ten weeks. *Chamomile tea*, Sydenham's *Laudanum*, *Laurocerasus*, aromatic salves, clysters, *Calomel*, and *Quinine* availed nothing.

November 20th, 1850, the patient was handed over to me, after having been given up by three mixture practitioners as a case of incurable softening of the stomach. The following is the sketch of symptoms as I find it entered in my daybook:—Temperature diminished; at times the whole body stiff and cold; eyes frequently distorted; having been weaned by the advice of the previous doctor, she throws up almost everything that is given to her; abdomen distended, tympanitic; evacuations of a small quantity of brownish-yellow mucus; urine scanty, hot, makes brown spots on the napkins; hardly any sleep. The little thing sometimes lies still and motionless, with open eyes; at other times, cries out for hours together, or even all day long; frequently, when she seems to be closing her eyes to sleep, there commences shuddering, jerking of the limbs, violent eructation, and hiccough: the pulse is extremely small and weak; the body wasted to a skeleton; the skin

flabby, relaxed, and dry. I ordered—1. That the patient be bathed daily for ten minutes in lukewarm milk-and-water; 2. The abdomen to be rubbed with warm oil, and covered with warm cloths; 3. No kind of tea to be given, but a few spoonfuls of weak broth or milk from time to time; and, 4. To administer three doses of the 6th decimal trituration of *Arsen.*,—one at noon, another in the evening, and the third next morning.

At my second visit in the forenoon of November 21st, the mother met me with her face beaming with joy. The little thing had slept that night as she had not for many weeks so quietly and so long, viz. from 11 till 2.30, when she awoke and had a drink, and slept again without intermission till 7. It is clear that, under such favorable circumstances, I had no reason to alter any of my prescriptions, and in a few days the patient could be pronounced out of all danger.

Now, was this wonderful cure wrought simply and naturally by the milk-bath and the oil-rubbing?

It may, perhaps, be but conceded to us that the cure might possibly find its explanation in the child's escape from the positively mischievous clutches of the previous medical triumvirate.

2. INFLAMMATORY DROPSY OF THE VENTRICLES OF THE BRAIN. ARACHNOIDITIS.

In my *Proselytizing Letters* (*Bekehrungsepisteln*, Leips. and Dresden, 1837) I have declared that on a sick-bed the greatest simpleton of a Homœopathist would be more welcome to me than the most enlightened genius of an Allopath. The following case presents a perfectly suitable illustration of my position. I am indebted for it to the practice of a homœopathic dilettante, yet I have no objection to give it a place here, because it evidently bears the stamp of an artistic cure. It also reaches back to a period when the practice of Homœopathy was tabooed in Austria, and the number of regular practitioners was very

small, whilst amateur practice flourished so much the more luxuriantly.

Carl Radler, son of a master-glazier at Klagenfurt, one year and a half old, was attacked with convulsions soon after awaking on the morning of March 1st 1832, without any premonitory symptoms. All at once, his eyes were distorted, his face drawn to one side, and his mouth foamed. The fit lasted only a few minutes, but recurred several times the same day at intervals of some hours.

Prof. Graf held the ailment to be trifling, prescribed a powder, and told them to apply leaven to the feet. The next two days, March 2nd and 3rd, no fit occurred, and the child seemed to be tolerably well. In the night of March 3rd and 4th, however, the scene changed: he slept very restlessly, with fits of dry heat; often longed for drink, jerking sometimes during sleep, crying in a plaintive tone, when awoke stared fixedly, and seemed very feeble. Towards morning he began to twist his head from side to side, beat about with his hands, reaching frequently towards his head, crying out and wailing incessantly.

At noon, a consultation with Prof. Haindl: the result was, eight leeches on the head and temples, and a *Calomel* powder every two or three hours.

The convulsions continued, with occasionally brief intermissions, all day and all night.

March 5th.—Prof. H— took pains to explain to the disconsolate parents the difficulty and improbability of cure. “It is,” said he, “inflammatory effusion into the cerebral ventricles. Only look at the eye! how large and wide is the pupil! The iris only forms a narrow ring, and no longer contracts; it is paralysed. There is no remedy for this; there is hardly one in ninety that gets over it.”

Meanwhile an infusion of *Digitalis* was prescribed, of which the patient had to take a teaspoonful every half-hour alternately with the *Calomel*. The draught was improved with gum arabic, sugar, and syrup.

6th and 7th.—No trace of improvement; on the contrary, the involuntary movements of the hands and feet were more

violent and continued. The doses of *Calomel* were increased.

8th.—Evident aggravation : during the convulsions there was foam at the mouth and constant blowing as if the mouth was scalded ; salivation ; swelling of the gums ; dry tongue ; urine seldom and scanty.

Treatment.—*Digitalis* and *Calomel* continued ; lotion of *Squills* on the loins ; mercurial ointment rubbed on the occiput and nape.

9th.—The professor expressed his astonishment that the child was still living. One might, at any rate, try an ice-cap or lay a blister on the whole head ; nothing, however, would do any good. Accordingly the treatment of the previous day was continued.

10th.—At noon, the pair of mixture-men declared it could not last above two or three hours at furthest. They took leave with lively expressions of condolence, without any more prescriptions—probably mindful of that axiom of Celsus, “*Semper ante finis faciendus est, quam anima deficiat*” (lib. ii, c. 10).

In this desperate condition, the mother has recourse to the Prefect of the Benedictine Minster, and conjures him to make one trial more with Homœopathy on the abandoned patient. He showed all readiness to comply with her request, but, as may be well imagined, could give her but little comfort or hope ; so away she went to bespeak a coffin for the poor child.

His Reverence came about 5 p.m. His prognosis sounded not much better on the whole ; meanwhile, however, the experiment was ventured on. He administered one dose of *Belladonna*, and left several doses, with directions to give at first one every three hours, but to allow longer intervals in case any amendment should set in. Up to 11 p.m. no change was perceptible in the hopeless condition of the sufferer ; then the automatic movements of the hands and feet became gradually less frequent and slighter, and the blowing with the mouth ceased entirely : after about three-quarters of an hour of restless, often interrupted sleep, the convulsions set in again, but in a much milder

form. About three o'clock, the patient, who had passed no urine for more than forty-eight hours, passed a considerable quantity at once, and slept after it quite quietly for more than an hour.

About 6 next morning, Prof. G— poked his head in at the door with the question, "Is he still alive?"

Under the continued use of *Bell.* the amendment progressed with surprising rapidity.

Next day, March 12th, the convulsions stayed away entirely.

15th.—One must consider the child's recovery as secured: though the perfect recovery of health and strength certainly took a further period of three or four weeks.

The solution of this pathological riddle need not have given much trouble to the two professors; it lies on the surface—just the secondary effects of the *Squills*, the *Calomel*, and the *Digitalis*.

“Σχεδὸν δ' οἱ πλεῖστοι φαυλοὶ κριταὶ περὶ τῶν οἴκειων.”
Arist. Polit., iii, 5, 8.

3. CROUP.

This case seems to me to present to all but the wilfully blind an especially instructive parallel between the practical value of the two hostile medical schools. Unfortunately, I can only give a general outline of it, whilst it impressed itself on my mind as one of the most important in my practice; because the detail was purloined, along with my pocket medicine chest, by the audacious hands of a communist.

It was in the spring of 1856 that a silk-merchant named Joseph Freund, Kohlmarkt, Stadt Mailand, came one evening about 10 o'clock, with the request that I would take the trouble to come at once to his daughter Constantia, three years old, who was ill: the child had got a cough that day, and was considerably worse towards evening.

In my dressing-gown and slippers, as I was, and at such a time, after the fatigue of the day, which was gene-

rally pretty heavy, to bring me for such a trifle *again* out of the house—thought I—I may as well give him some medicine to take with him. Freund's saying he had already lost four children, who were taken with just such a cough, was not at all calculated to tune me into a more willing mood; for, although I had been attending him professionally several years for chronic tubercular phthisis, yet I knew his wife, who naturally judged of the value of my method of cure exclusively from its result with her incurable spouse, as a passionate and not very civil opponent of Homœopathy. I plainly expressed not only my surprise at the mother's resolving to make trial of me with the fifth child, but also my disinclination to undertake the case, without any disguise. It was, however, all in vain: the apprehensive, yielding, and peace-loving Paterfamilias had doubtless in this instance received the most precise commission, and would take no refusal.

To all appearance, the child was not in any particularly dangerous state. The breathing somewhat oppressed, accompanied with all sorts of râles, fits of coughing, rough straining, and sometimes barking; voice a little hoarse, swallowing scarcely hindered, throat and larynx not sensitive to slight pressure (as for seeing the inner parts of the throat, that was utterly impossible with a self-willed child who stared at the doctor as if he had been a bogle, whatever we could say to him), moderate fever, restless tossing about in bed—such were the main features of the disease before me.

I saw here an acute catarrh of the air-passages, and consoled the parents, whose anxiety and tears seemed to me ungrounded, with a prognosis which I had afterwards bitterly to repent. For the next eight or ten days the condition of the patient did not materially alter: the fever exhibited itself continually, but with less violence; restlessness, hoarseness, and difficulty of breathing continued, and from time to time came on in an aggravated form; the thirst was moderate, and allayed with *eau sucrée* and milk-and-water. Sleep occurred by quarter and half hours at a time.

Though the fits of coughing became gradually more frequent, and being accompanied by retching and vomiting, watery tough mucus caused the patient much suffering, yet my prognosis continued favorable. The protestations of the parents that the illness of their four deceased children had taken a precisely similar course with precisely similar symptoms, should certainly have taught me better.

Towards the eleventh to the thirteenth day—the very days on which the four had succumbed to their fate, in spite of leeches, purging, emetics, *Calomel*, and blisters—the disease became aggravated in a way that was as unexpected as it was dangerous. The fever rose to an extraordinary height; pulse above 140; the dyspnoea increased hourly, the sawing sound of inspiration and expiration could be heard in the next room; the fits of coughing more and more straining, and with the accompanying violent retching, the patient turned blue and was threatened with suffocation; voice quite lost; swallowing very difficult—could scarcely get a few drops of water down. To all appearance, the unhappy family was about to carry to the grave the fifth victim of the same disease; the termination was, under these circumstances, to be expected hourly. The mother did not spare me the candid confession that she knew from the first that where Allopathy and Dr. V— could not help, neither would Homœopathy be of any avail.

Contrary to all expectations, however, the next twenty-four hours brought back a glimmer of hope. The child began, during the cough, with most violent retching, to throw up a pretty large quantity, sometimes of thick purulent amorphous phlegm, at other times more or less cylindrical or flattened membranous masses like coagulated albumen—fragments of exudation—followed each time by visible relief to the breathing; swallowing became less difficult; there was more rest, and slumber, though only brief, set in. With repeated expectoration of the kind above described the violence of the fever abated, quiet sleep took place by the hour, with appetite and good temper; and in a few days all danger might be considered at an end.

The medicines employed during the course of the disease

were—at first *Bell.*, afterwards *Merc. Sol. Hahn.*; at the height of the disease (in stadio culminationis), *Spongia* and *Hepar*.

Now, did this case open the eyes of the unbelieving mother? Yes, of the mother, thoroughly! she is, ever since, a most zealous and faithful adherent of Homœopathy. But the previous family doctor saw nothing in it but a lucky coincidence; nay, he saw this same coincidence repeated two years afterwards in the same family, in the sixth and youngest child, their daughter Melanie, whose illness, beginning and taking its course under the same symptoms and conquered by the same medicines, did not cause any wavering in his hereditary rude belief in mixtures! Would the obvious remark never force itself on the man, that weakening methods employed during the first days—leeches, purgatives and emetics—may withdraw from the infantine organism that amount of strength without which it never can be in a condition to carry the pathological process through its stage of culmination?

These few examples, methinks, enable us to learn satisfactorily that our opponents, if they will but proceed in all cases with the same logical consistency as in these, and now and then call in a little shamelessness to their aid, may succeed in divesting every one of our cures of all proof, though to us they may appear, not merely possible or probable, but certain and indubitable.

“You mean acute cases? In the case of chronic diseases, is the proportion of the share which the physician and the physic claim in the cure exhibited far more definitely and evidently? Moreover, in such cases may not the vis medicatrix naturæ and reaction, to which so important a part is assigned in acute disease, be misused as a ground of evidence against us?”

Certainly; but, for all that, it cannot be easy to find out any one special case of any one class of chronic disease, the cure of which an obstinate mixture-monger, firmly seated upon his hobby-horse, would see himself obliged to ascribe to our therapeutic principle and our infinitesimals.

“Perhaps you will cite intermittent fever, neuroses, itch, chancre, cancer?” Intermittent fevers!—why, to *me* they have shown themselves as the most brilliant samples of the specific* treatment. I have treated more than a thousand of them myself, during a practice of eight years in Carinthia, a district rich in cretins and swamps. The very fact that so large a number of ague patients called for my aid makes it more than probable that my treatment had numerous good results. Only think of the undeniable success of so many *sympathetic* cures of intermittent fever! will not these set the victories achieved by the Homœopathic principle in the battle with this disease all a-swimming, collectively and severally, in vapor and mist before the eyes of our Antipodes? The itch! since the grand discovery of modern dermatology, that the hen is prior to the egg, the treatment (I don’t say *cure*) of itch falls entirely within the sphere of mechanics and chemistry: the acari are simply scratched to death, salved to death, poisoned—and the itch is cured! For the frequent relapses, and for the equally frequent ruinous sequelæ, these gentlemen have no eyes. With such a practice, to which old women and skimmers may consider themselves called rather than educated physicians—truly education has no more to do with it than medical skill!—with such a practice, I say, we neither can nor will compete.

As regards neuroses, though they are in general calculated to proclaim the value and superiority of the physiological method, yet one sometimes sees the most tedious and obstinate cases disappear without the use of any medicine at all. I myself know a lady who was for more than twenty years visited with most torturing fits of migraine every month, and who at present, after having formerly tried a quantity of medicine in vain, has been for several years free from it without taking any medicine.

With respect to chancre I have myself (besides some

* Have our antagonists here any indisputable cures to exhibit? When in their treatment of ague they avail themselves of *Quinine* as the universal specific for that disorder (which it is not), what else are they practising but an ill-understood and worse-managed irrational Homœopathy?

instances which I must admit terminated abortively within eight or ten days) seen one case of a strong young man who got well within six weeks without any internal or external remedy, and without any ill consequences.

“Such spontaneous cures, however, are pathological rarities!”

By all means! Against us, however, the adversary will always be ready to quote them.

With regard to cancer, I beg to quote a passage from Köhler's excellent work (*Die Krebse und Scheinkrebse des Menschen*, Stuttg., 1853) on the Metamorphoses of Cancer, page 72.

“We no longer say that the softening and ulcerating of cancer are essentially and necessarily more advanced stages of its development or the so-called ‘crude condition,’ we rather recognise the fact that the individual carcinomatous structure not only maintains, for years and tens of years, the self-same type of growth as at the commencement, and remains without any further internal alteration, and is even brought not unfrequently, by retrograde metamorphosis, into a condition where, as a fatty mass, as a compact fibrous substance, as a calcareous concretion, it has lost the essential qualities of cancer, and remains permanently as the residue of a process which has (*locally* at least) run its course, and is of no consequence to the organism; that in this way the fatty metamorphosis of the cancer-cells, the process called sebacification (*verseifung*) by Rokitansky, and ‘resorption’ or ‘cicatrization’ by Virchow, as well as the calcification (*shrivelling*, *obsolescence*), all set in as a natural issue and termination of the development of cancer, and may represent an actual cure of the disease.” Such being the case, what physician—whatever his medical creed—will take it into his head to attempt to prove to his cancer patient that he has cured him with his medicine? especially if he considers that, besides the fatty degeneration, the sebacification, the absorption, the calcification, and the shrivelling there always remains open, as an escape, to say that, in a given case, we have had to do, not with an actual, but only with a pseudo-cancer.

Dr. Y—* (*Bekehrungsepisteln*, s. vi) thinks that had Hahnemann set about the great work of proselytizing with the simple *Similia similibus*, and his *Materia Medica* in his hand, and honied words on his lips—had he renounced all theories and attempts to *explain* his law of cure, keeping his decillionths and psora to himself, and had set before the unbelievers some hundreds of strongly attested cases of cure, with the testimony of the cured parties, instead of the *Organon*, had he proved to them, as Paul did to the heathen, that this law of cure was the unknown God to which they have so long been building temples and altars, and that the better part of their own wisdom was an irrational sort of Homœopathy; he thinks that the lords of the profession would have strown ashes on their heads, and would not have been ashamed to confess that a new science was before them—would have gladly received the reformer with open arms, and lent a gracious ear to his doctrine!

If these sanguine flowers of speech be not mere irony, the man is deceiving himself by a gross error. “Strongly attested cases of cure,” indeed! Are they not laid before them by thousands in the Homœopathic literature? Self-conceit, self-esteem, threatened interests, inveterate prejudice, and good old easy routine, are stronger than any evidences. Whoever looks upon Hahnemann’s *Materia Medica*, that repository of the richest and most solid materials of physiological medicine-proving, as a mere unintelligible hotchpotch and useless rubbish, on that man whole centuries of recorded cures would not make the slightest impression.

This, however, must not mislead us, on the one hand, from labouring by continued physiological experiments on the completion of our *Materia Medica*, nor, on the other hand, from contributing, as far as in us lies, to the enrichment and sifting of clinical materials by the publication of cures actually attained. If we had a mind to make the advancement of the physiological art of healing dependent on the acknowledgment of our opponents, we might as well at once sit down and twirl our thumbs.

* The *Bekehrungsepisteln* were the work of Dr. Watzke himself under this signature.

The following four cases of cure of chronic disease, which seem to me neither uninteresting nor of everyday occurrence, may serve as a conclusion to this epilogue.

1. TETANUS.

(*Myelitis intermittens*?)

Ferdinand Brunner, son of a house-porter, No. 166, Kothgasse, Laimgrube, twelve years old, had been already ill a year. His previous doctor called the ailment, tetanus (*starrkrampf*); anxiety and terror were assigned as the *causa morbi*. As the boy was crossing the street, a horse seized his sleeve by its teeth; he, however, tore himself away at once, and fell after taking a few steps. Whether in consequence of the fright or the fall, he constantly complained ever after of pains in the stomach and bowels, but especially in the sacrum. In about fourteen days, he suddenly took a fit one evening, which greatly alarmed his parents. He sprang up as if in a rage, darted at his brother and seized him, biting and striking with immense force at those who hastened to help, and was with great difficulty and exertion secured and put to bed. Here, for ten to fifteen minutes longer, violent convulsions of the limbs and muscles of the face set in; he then fell into a deep sleep for about a quarter of an hour: after awaking, he only complained of great languor.

Similar fits recurred from henceforward, in spite of several masters of the art of healing trying their skill on the patient, and though he had been repeatedly treated in the general hospital, sometimes daily, sometimes every second or third day, often several times a day. The fits lasted generally ten or fifteen minutes, but now and then (not frequently) even a whole hour. The phenomena with which they commenced and ran their course were not, however, always similar: sometimes they began in the manner above described, more frequently the patient complained, before the fit, of violent pain in the abdomen and sacrum; then all at once he began to stare, distort his eyes, and jerk with his hands and feet. Sometimes the spine was drawn into a

bow forwards; frequently the distortions of the muscles of the face were accompanied with grinding of the teeth; sometimes the swollen tongue hung, during the fit, half out of his mouth; in general, after the jerking ceased, his limbs got as stiff as wood for several minutes. In other respects the natural functions went on,—appetite, sleep, and stool, normal; he had not remarkably fallen away nor looked ill during his illness.

December 18th, 1854, he took *Calc. carbonica*, 3rd trituration (a dose three times a day).*

A week afterwards, receiving bodily chastisement, a slight fit recurred. Up to this day, July 19th, 1857, no more fits have occurred, and the boy has ever since continued perfectly well.†

2. EPILEPSY.

Joseph —, son of an hotel-keeper at Klagenfurt, ten months old, had four months before, after his nurse had been violently frightened, a sudden attack of epilepsy. He twisted his head stiffly to one side, jerked his hands and feet, turned his thumbs in, breathed hard and interruptedly, and foamed at the mouth, whilst his eyes became fixed and glassy. In five or six minutes he got quiet again, and fell into a sleep, out of which he awoke apparently well in about half an hour. The fit recurred several times at irregular intervals in the course of the last four months.

Besides this, the child often suffers, for the last few weeks, from a kind of asthmatic (suffocating) fits. He starts

* I was directed to the choice of the *Calcareæ* by the general indications given by Hahnemann, and especially by the symptoms 456 to 490, and 707 to 710, of the R. A. L., 2nd edition. [Some mistake here. In the R. A. L. *Calc. acet.* has only 236 symptoms, and in the Chr. Kr. the symptoms of *Calc.* corresponding to these numbers only refer to the teeth and abdomen. —Eds.]

† Some months after this (having meanwhile been apprenticed to a tinman, and liking the business, though exposed to all inclemencies of the weather, certainly none of the gentlest treatment), he again had some slight reminders, in occasional pains of the abdomen and sacrum, with stiffening of the limbs. By desisting from his manual labour, and again taking *Calc.*, these, however, disappeared in a short time.

up suddenly out of his sleep, raises his head high, stares fixedly before him, his breathing ceases, he turns blue in the face, catches anxiously at his breath, and the perspiration stands in great drops on his forehead. This lasts about ten or fifteen seconds, after which he sighs convulsively and begins to cry out and weep.

All the pains of my mixture-dealing colleagues H. and B. were unavailing for the poor little thing. During their four weeks of treatment, constipation for five or six days at a time was added to the above-described fits, naturally in consequence of the continued use of *Opium*.

The parents now had recourse to Homœopathy. My choice fell upon *Cicuta virosa*.* Immediately after the first dose a very violent epileptic fit came on. Instead of taking this for what it really was, viz. a homœopathic aggravation,† I allowed myself to be misled by it, and changed the medicine. Under the use of *Ignatia*, *Sambucus*, and *Arsen.*, the fits kept off for the next three weeks; but attacks of asthma often recurred. I then returned to *Cicuta*. Next day a slight epileptic fit came on, and ever after the child continued free from any further fits and perfectly well.

3. CLONIC SPASM OF THE MUSCLES OF THE EYE (CLONISMUS MUSCULORUM OCULI.)

This was the case of a little girl, æt. 2½ years, daughter of von F—, court bookkeeper in Vienna.

The child came into the world with a remarkable formation of the head. The right half was much higher and broader than the other, and the whole head stood oblique

* Besides the symptoms 37, 119, 120, 176, 181, 182, in vol. vi of the R. A. L., I was determined to this choice by the previous overdosing with *Opium*. May not the latter have had something to do with the frequent fits of suffocation?

† This case occurred in the first year of my practice. The "homœopathic aggravation," a temporary exaltation of the morbid process occasioned by the medicine, seemed to me at that time an unfounded hypothesis. I have, however, since then seen it occur so distinctly and evidently in so many cases, that I have long held it as an indubitable fact. It is, in my opinion, on the one hand, a proof that the medicine is well chosen; and, on the other hand, an earnest of future amelioration.

and distorted; besides, the expression of the face had a touch of idiocy: the child generally had a senseless stare right before her, and sometimes squinted. She was morose, self-willed, stubborn, slow in learning to walk and talk; on trying to walk, stumbled singularly often. Besides, she was frequently unwell, suffering occasionally from aphthæ, loss of appetite, diarrhœa, convulsions, fever with hot head, lying in a lethargic state, distortion of the eyes, and crying out in sleep.

In the spring, 1863, a very peculiar pathological phenomenon set in. As soon as she opened her eyes in the morning, the two eyeballs, whether looking at any object or not, began to turn right and left at intervals of half a second; and this went on, with little interruption, all day long. During sleep, no movement of the eyes was perceived. If she grasped at any object held before her, her hand did not generally come near it. In other respects the little thing was at the time comparatively well; appetite, sleep and stool normal.

Treatment.—At first a procedure was instituted not essentially different from the pseudo-rational system of the opposite school. First came *Bell.*, on the hypothesis that the brain was the seat and starting-point of the malady. Next came *Cina*, under the idea that the disease might proceed from worms, especially as ascarides had now and then shown themselves in the stools. *Stramonium* and *Hyoscyamus*, as akin to *Bell.*, did no more good. The affection of the eyes at the end of five or six weeks remained unaltered.

Professor Arlt, an oculist, who was called in to consultation, neither contributed light to the obscurity of the diagnosis, nor certainty to the prognosis. He declared that, in the whole of his long practice as oculist, he had seen but two cases that were more or less like the one before him. In regard to treatment, he gave up the patient entirely to the judgment of the family physician.

I now did what I had better have done at once in the first instance; *i. e.* I consulted our *Materia Medica* more carefully. From a few drops of *Agaricus musc.* tincture well mixed

with finely powdered sugar, administering a knifepointful two or three times a day, a visible improvement took place even in one day; and in the course of a week or ten days she was completely cured. Since then, *i. e.* for two years and a half or thereabouts, no sign of relapse has shown itself.

I must further state, as a circumstance particularly surprising both to the ordinary medical attendant and to every one who knew the child previously, that after the disappearance of the muscular spasm the physiognomy changed completely; the idiotic expression went entirely, and even the two halves of the head became almost exactly alike. The little thing now shows great intelligence, is affectionate and generally good-tempered, and speaks two languages fluently.

The grounds for selecting *Agaricus* lay in the following symptoms of the physiological *Materia Medica*:

S. 132. Jerks in the eyeballs, in rapid succession. (Schrt.)

S. 133. Frequent jerks and pressure in the eyeball when reading (Ap.).

S. 134. Jerking and pressive pain in the left eyeball at all times of the day and under all circumstances (Ap.).
Chr. Kr., 2 Th., 2 Aufl.

Convulsive jerks here and there like chorea.

Muscular play of the scalp, temples, cheek, and lower jaw, like chorea (Huber).

The whole intelligence as it were paralysed; hence a kind of idiocy (Cop.).

Jumping of the muscles (Hb. Zeiner).

Jerks and jumping of the abdominal muscles (Hb.).

Jerks and jumping of all the muscles of the chest (5 provers).

Jerks of the muscles and tendons (7 provers).

AGARICUS MUSCARIUS, *Homœopathic Materia Medica*, by Dr. Ad. Possart, Nordh., 1863, part 3.

The choice of *Agaricus* was confirmed by a remark of Clifton and Blöde, according to which they found it especially useful in those convulsive affections (jerks, &c.) which cease during sleep.

4. INFLAMMATION OF THE PELVIS OF THE KIDNEY. (PYELITIS).

Mrs. Amelia W—, No. 12, Schimmelgasse, Landstrasse, æt. 40, of feeble frame, had been ill three months before I was called in. About the end of November, 1864, I found her in the following sad condition :*

Extraordinary emaciation and feebleness ; she is not able to turn or raise herself in bed without help ; despairing mood ; pale yellowish complexion ; sunken cheeks ; complete loss of appetite ; throws up almost everything she takes. The scrob. cordis is somewhat distended and painful to the touch. In the right subcostal region a tumour is perceptible, reaching from the lower edge of the liver quite to the umbilical region, about three or four inches long, hard, roundish, raised above the integuments of the abdomen, and too tender to bear hard pressure. The region of the bladder tense, sensitive to pressure ; frequent and very painful urging to urinate, *very* little being passed each time, and that turbid, of a dirty yellow, forming generally a sediment more or less thick, greyish white. Chemical analysis, often repeated by Professors Heller and Kletzinsky, indicated, besides other departures from the normal condition, a considerable contingent of pus ; obstinate constipation ; sleep very little, and interrupted by the frequent occurrence of urging to urinate.

The illness had commenced with inflammation of the liver after severe hæmorrhage in consequence of a miscarriage. The result of the “rational treatment” employed lies before us in the above picture of her sufferings. If my memory deceives me not, the routine was as follows : leeches, cooling aperient medicines ; and for the pyelitis, soda-water, *Opium*, *Quinine*, and warm baths.

Professor Oppolzer, who was consulted, pronounced the most dismal prognosis of the disease. I confess that

* Unfortunately I did not make notes of the details of this case ; so that *lapsus memoriæ* may be expected to occur. These, however, will only affect collaterals, without touching the fact itself in any of its essential symptoms.

mine was no better, and that I was with difficulty persuaded to undertake a case which I considered a desperate one.

The medicine first administered, *Bryonia*, a few drops of tincture in half a glass of water, a teaspoonful every three hours, gave very little relief; still it seemed to have some good effect upon the digestive organs; she had an evacuation, and some little trace of appetite; at least, what little she took agreed better with her: the main sufferings, however, continued as before.

The second remedy, to which I passed on in about a week, *Puls.*, seemed a mistake; it left the disease perfectly unaffected, after being continued five or six days. On the contrary, *Bell.* was strikingly and decidedly efficacious. Even next day the urinary urging was not so frequent; the quantity of urine each time was greater; the contingent of pus, as ascertained afresh by chemical analysis, smaller; vomiting ceased entirely, the patient gained in appetite, and enjoyed refreshing sleep at night by the hour.

Under a course of *Bell.*—two to three doses of the 1st dilution per day—the amelioration proceeded uninterruptedly, so that she who had been given up was declared out of danger by the end of December of that year, and there was a well-grounded hope of her perfect restoration. The most obstinate feature was the above-described swelling in the subcostal region. The perfect recovery of health and strength followed, however; although appetite, sleep, stool and urine had long left nothing to desire. After three months, she was still so weak that she found the little walk of 200 or 300 paces in the garden very fatiguing. It was not till the spring of 1865 that, during a residence in the country, she recovered her former blooming health.

INFLAMMATION OF THE PLEURA.

CASE 9.—I made my ninth visit to-day to Mrs. K—'s chambermaid, æt. 21. She had slept very restlessly the night before, and, on attempting to get up, was seized with a rigor, followed by heat, with violent pains in the head.

Present ailments.—Pressure on the chest and between the shoulder-blades ; difficulty of breathing ; on trying to take a deep breath, stitches in the right side ; frequent irritation, producing cough, which is sometimes accompanied by frothy sputum streaked with blood, but generally dry. Pulse 100. Glowing heat in the face, great thirst, the skin moist. Against any more minute examination of the thorax, the self-willed, able-bodied fair one rebelled most decidedly.

Treatment.—*Aconite* 3, a dose every two hours. Diet, weak broth and water.

Next night, great heat, followed by some perspiration ; sleep restless for a quarter of an hour at a time. In the morning, less pain in the head ; cough less frequent, with slight expectoration of brown mucus. Pulse 80. *Aconite* continued.

Towards evening, cough and pain in the chest worse ; stitch under the right clavicle and in the right side. *Bryon.* 1, every two hours.

With this remedy the whole of the morbid symptoms were essentially relieved within forty-eight hours ; and on the seventh day of the illness and the treatment, the patient again enjoyed her former perfect health.

My noviciate practice at the Vienna Dispensary furnishes me with an appropriate pendant to this case.

A servant-girl, æt. 19, strong and stout-built, got a chill when washing the floor, fell ill, and was received next day at our dispensary, where she was consigned to my treatment as the first test of my fitness for a practising physician : and you may be sure I was well watched and rigidly criticised. I instituted a scrupulous examination of the patient, took down an exact anamnesis, and my diagnosis* pronounced it to be *pleuritis*. My prognosis was not unfavorable. The treatment proposed and approved consisted of half-a-dozen leeches, warm poultices on the painful side, *Milk of Almonds*, with *Laurocerasus* water and extract of *Henbane* : as drink, decoction of *Marshmallow root*.

In fourteen days the patient left her bed : at her departure from the hospital, on the twenty-first day of

* Stethoscope and plessimeter were then “unknown quantities” in medical practice.

treatment, she was advised to spare herself for a week at the least, avoiding hard work, &c.

It will be said, "The inflammation was here perhaps more intense and more extensively developed, the constitution of the patient weaker, the course of the disease slower ; in a word, the disease itself more severe and difficult, and the allopathic fourteen and twenty-one days, contrasted with the seven homœopathic, prove nothing."

This objection was answered at the time by the head physician, who had to build up me, his pupil, into a regular mixture-man. I had got up the details of treatment and of the course of the disease from the day of admission to that of dismissal, in the usual classical medical Latin, with the utmost care ; and as I handed the document, a long whole sheet, to the professor, he returned it with these words : "The case was too slight : you must therefore undertake another more difficult one." "Les médecins appellent secours ce que le plus souvent est empêchement" (Montaigne).

(To be continued.)

ON THE DOSE.

By Dr. HIRSCH, of Prague.

(Continued from p. 279.)

ANOTHER mistake sometimes made in selecting a medicine is that the objective symptoms are disregarded, and attention almost exclusively directed to the subjective symptoms. Many medical men have already felt the great difficulty of describing painful sensations. How much more must this be the case with non-medical persons, who often have not education enough to use the correct and fitting expression for their painful sensations ! Just the opposite is the case with those pitiable creatures, hysterical ladies, who, enveloped in a network of morbid sensations, often pour forth such a list of symptoms as the most skilful

physician can make neither head nor tail of; and then, again, the unfortunate hypochondriac, with his extremely exalted sensitiveness, making him a thorough master of exaggeration and hyberbole, is in perpetual conflict with all his organs, whose weaknesses he unfolds almost daily with the most microscopic minuteness to their earthly judge, the doctor. From what we have said, it is sufficiently obvious that in the investigation of the subjective symptoms many difficulties are met with. Even where such is not the case, and where we are in a position to obtain a clear subjective morbid picture, still it is indispensably requisite to ascertain and thoroughly test the objective symptoms also; for it is only the totality of the symptoms that renders a right choice of the remedy possible. And yet it cannot be sufficiently insisted on, that a mere covering of the symptoms present affords no sure guarantee for the propriety of our selection of the remedy; for the peculiar character of the case of disease before us must be faithfully represented in the character of the selected remedy. Herein lies the true art of selecting the medicine, which in some respects may be compared with the art of portrait-painting. However truly the artist may have depicted on his canvas the outline—the form of the head, the forehead, eye, nose, mouth, and chin—if he has failed to give the true character, the spirit of the physiognomy, his work can never be regarded as otherwise than very imperfect, and therefore unsuccessful.

Besides the above-mentioned peculiar specific character of the medicine—which, as a rule, demands only small doses in order to develope considerable and even great effects—there is also the individuality of the specific medicine, which, experience tells us, must help to determine the size of the dose. It is hardly necessary to say that we ought not to administer, *e. g.*, *Belladonna* and *Viola tricolor* in the same doses, nor yet *Hyoscyamus* and *Sambucus niger*. Moreover, I have been convinced by innumerable trials and repeated experience, that, *inter alia*, these same *Viola tricolor* and *Sambucus*, and also *Chamomilla* and *Sarsaparilla*, manifest their greatest efficacy and curative power in cases for

which they are strictly suitable—the three first in the form of weak infusion, the last in that of decoction. With respect to *Chamomilla*, I make a cup of tea out of three to four small flowers; and of this I administer to new-born infants a few drops every one or two hours, according to circumstances. To older children and adults I give the infusion in the dose of half or a whole teaspoonful at similar intervals, or, where the violence of the symptoms is not so great, at longer intervals. The effect of this method leaves nothing to be desired. Of course, this dose is small enough to appear ludicrous to the Allopath; but it is too large to be mentioned in the same breath with the 6th or 12th dilution. But I would recommend a trial of this medicine in the above manner in the case of catarrhal cough in children, when it is accompanied with hoarseness or great mucous rattle, or is especially troublesome at night; and the infallible efficacy of this mode of treatment will be manifest. Equally efficacious is this mode of administering *Chamomilla* in the painful bowel complaints of children, and likewise in the diarrhoea accompanying dentition. As regards *Sambucus*, accident led me to the employment of the infusion, and showed me the great efficacy of this mode of administering it. The case was the little sister of my friend, the well-known homœopathic physician Dr. Tedesco, of Vienna, to whom I was summoned in the early years of my practice, and in whom I found the following morbid picture:—She was a delicate, fair-haired child, and she was sitting crying in her bed; she was suffering from a violent asthmatic attack. Her breathing was quickened, and had a whistling sound; the occasional short but laboured coughs pointed to a high degree of dyspnoea. She constantly pointed to the middle of her chest, thereby indicating that during the fit she felt great discomfort at that point. She had already been suffering twenty-four hours. At first there were perceptible intermissions (from two to three hours); but the intervals of freedom from the attack became gradually shorter, and with each fresh attack (which lasted usually from ten to fifteen minutes) there occurred real suffocative symptoms, so that in the attack I witnessed there was

marked blueness of the lips. *Sambucus* seemed to be the remedy best indicated for the symptoms present, but I had not got any of it in my pocket-case. I inquired if there was any *Elder* tea in the house; and on receiving an affirmative answer, I caused a very weak infusion to be made. The attack was nearly over when I gave the first dose of this tea, 2 teaspoonfuls. I ordered it to be repeated at intervals of two hours. Quite six hours elapsed before there was another attack. This was much milder, and lasted scarce five minutes. In the course of the next twenty-four hours there occurred three more attacks, always slighter and slighter; and with this, this serious malady terminated. Since that time I have often employed this remedy in the same form. It is particularly successful in the common hollow, rough cough of children. When it has failed, I have used with equal success *Verbascum* in the same manner. I should mention that, on account of the fine, hair-like particles in this tea, it should be passed through two folds of linen cloth before it is used. These cases prove that these remedies ought not to be employed in high dilutions; and this observation is fully borne out by practice.

With regard to *Sarsaparilla*, in the earlier years of my practice I used, in conformity with Hahnemann's injunctions, to prescribe it for appropriate cases in the higher dilutions; but, truth to tell, I cannot say much in its praise when administered in this way. At all events, I never was able to effect any real, tangible, indubitable results with this medicine in dilutions. And this seemed to me all the stranger, as there was a complete accordance betwixt the characteristic symptoms of the disease and those of the medicine. It has ever been the case, and is so still very often, that we lose confidence in a remedy in this or that disease when it fails to solve the problem set before it,—that is to say, when the result does not correspond to our expectations. Usually the failure is ascribed to an erroneous selection of the remedy; whereas it is as often owing to an improper dose or an inappropriate form of administration. Such cases occur in Homœopathic as

well as Allopathic practice, with this difference—that the Homœopath, being guided in his selection by sure and rational principles, displays a sort of praiseworthy obstinacy, and is not so easily put out of conceit with his carefully chosen remedy, and is more disposed in such circumstances to make a change in the dose or mode of administration of the remedy. This happened to me in the treatment of a robust man, 65 years old, who had for two years suffered from a very troublesome cutaneous affection, to which in its totality I am unable to give a precise pathological name; for whilst on the face it was a pustular efflorescence with achorous character, on the rest of the body a papular efflorescence was visible. This eruption appeared after violent nocturnal itching, causing scratching, sometimes on the upper, sometimes on the lower extremities, sometimes on the body, in the form of small colourless pimples containing serum. The latter eruption had begun a year ago; whereas the pustular facial eruption appeared a year previously, and attacked, with varying degree of intensity and extent, the forehead, cheeks, and particularly the nose. Many remedies had been used for it, but no permanent good effect had been produced. Some weeks before the patient came under my care, he had returned from Marienbad, his disease being supposed to be owing to abdominal congestion. This mineral water, however, having had no perceptible good effect, he was led to try Homœopathy. Heaven be praised, that wretched time is long past when I thought to cure all sorts of chronic cutaneous diseases with highly attenuated medicines at long intervals! But, by the way, I would have no objection to see the views of the present day also become obsolete. I allude to the notion that the spores of microscopic fungi are to be regarded as the sole cause of so many chronic skin diseases, and even of some affections of the mucous membrane of the buccal cavity and fauces; and, moreover, that vegetable and animal parasites are to be regarded as the causes and propagators of typhus and diphtheria. When, in reference to the minute fungi found in favus, Hebra says, “The cause is usually uncleanness—as a consequence of which, when favored by rest, warmth,

and air, and a putrefying fermenting substance, this vegetable growth can develop itself,"—I can quite agree with him. But, when speaking of the propagation of the minute fungus, he alleges that contact of the spores for a considerable time with the epidermis, or the introduction of a growing favus into a hair-follicle beneath the epidermis, will suffice to produce infection, I would just take the liberty to add a small sentence,—to wit, *under certain conditions*. In the case of a perfectly sound body, with a perfectly sound epidermis and a perfectly sound hair-follicle, I believe the experiment would not succeed: for this vegetable parasite can only take root in a thoroughly suitable soil, and such a suitable soil is furnished by the organism when morbidly affected in a peculiar manner, whose abnormal crasis, which shows itself on the surface of the body, permits the propagation of the minute fungus, if it do not primarily produce it. I would as soon expect to meet with *Arnica* growing in a peaty moss or with *Ledum* on a dry hill-side, for every vegetable requires its peculiar and appropriate soil—and such is also the case with the vegetable parasites of the human organism.—To return to the patient: I ascertained that he had in former years been twice affected with syphilitic ulcer, and on each occasion had been treated for several weeks with various powders and pills, the composition of which was unknown to him, but was sufficiently evident to me from the effects produced. Though both objective and subjective symptoms clearly indicated *Sarsaparilla*, yet it was more for the sake of its antidotal power that I resolved to give this remedy first. I chose the 3rd dilution, and prescribed a drop night and morning for a week. No alteration. I then prescribed the tincture—at first one drop, then two, then three, every night and morning. After a fortnight there was no perceptible amendment, but still I was not diverted away from this remedy, which I still held to be suitable for the case in every respect. I next prescribed *Sarsaparilla* tea, made with a teaspoonful of finely cut *Sarsaparilla* root, boiled for half an hour in a cupful of water—this quantity to be taken every night and morning. This decoction, with milk

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and sugar added, makes an agreeable and pleasantly aromatic tea. A week after commencing the use of this tea, the itching was strikingly diminished, and in another week it was quite gone. The pustular eruption on the face took longer to cure: it was not removed until after the lapse of eight weeks; during which period I occasionally omitted the use of the tea for a few days at a time, in order by these little breaks to maintain the requisite susceptibility for the medicinal stimulus.

I had under my care two other cases of chronic skin affections, to both of whom, on account of previous syphilis, their former physicians had given long courses of *Mercury* and *Iodine*. One of the cases had had for several months a papular erythema on the forehead; the other was affected with acne syphilitica; and, in consequence of the inflammatory affection of the follicles, pimples were developed; and on these was an exudative product, in the form of pustules, about the size of a lentil, the contents of which dried up into a scab; and when this fell off, it left a small ulcer that healed with difficulty. Such pustules, scabs, and little ulcers were visible here and then on the trunk, and also on the forearms and hands. Though in both cases the specific skin disease had existed more than eighteen months, the employment of this tea for two months sufficed to cure both.

I may mention another case, though it was not cured by myself, but by a Homœopathic colleague by similar means. In this case the disease was an ulcer of the leg of the size of half-a-crown, affecting a strong woman fifty years of age, which had already caused a great deal of trouble to her medical adviser. On being called to treat the case, I felt rather fearful as to the result on being informed that she had already been subjected to a very searching Allopathic treatment with all sorts of internal and external remedies for eighteen months. The ulcer, which was situated on the inside of the left leg below the calf, was about a line deep, and had a yellowish lardaceous surface, from which a thin serous fluid exuded. The form of the ulcer was roundish, and it was surrounded by a jagged everted border. The

patient was quite well otherwise; she only complained of a dull pain in the ulcer which disturbed her night's rest. What I could learn of the previous life of this patient rendered it by no means improbable that some venereal taint was at the bottom of the disease: the nature of the previous Allopathic treatment and the character of the ulcer itself corroborated this suspicion. I prescribed several medicines, among others *Nitric acid* and *Hepar sulphuris*, which changed the discharge into a more purulent character, but had no effect on the edge of the ulcer, and caused not a trace of granulation. Moreover, during the last fortnight of my treatment, tearing, drawing pains seized on both legs, and tortured the patient day and night; and as I could not relieve those pains, I recommended her to take a several weeks' course of Töplitz baths. Soon after this, the lady, furnished with a written opinion on her case, set out for Töplitz. My esteemed friend and colleague Dr. Gersung undertook the treatment. He allowed her to take a few baths by way of experiment; but as the pains were rather increased than relieved by these, he advised her to take morning and evening a cup of *Sarsaparilla* tea. The result was brilliant: in four weeks the patient returned home, her pains quite gone and the ulcer completely healed. It was the knowledge of this case that taught me how to cure with *Sarsaparilla* the cases previously detailed.

Among medicines obtained from the vegetable kingdom—which, as far as my experience goes, act decidedly better in low dilutions or in undiluted tincture, especially on young subjects—is *Nux juglans*. The results of the provings of this medicine show that its action is almost exclusively on the chylopoësis, the first and deepest link in the hæmatosis. It deranges the digestion and blood-formation; hence crude products are given out, and then occurs functional derangement of the glands in the mucous membrane of the intestinal canal. Catarrh and chronic irritation of the mucous membrane of the stomach and intestines and their glandular apparatus are the proximate cause of the divers derangements of the organic operations, whence, in consequence of the blood dyscrasia thence arising, the skin

becomes also affected. Thus we find papular, vesicular, and pustular forms of exanthema, with their various modifications, among the morbid symptoms particularly in the sphere of action of *Nux juglans*. Hence it is peculiar manifestations of the scrofulous dyscrasia that are especially displayed in the effects of this drug on the healthy ; and that these are precisely the forms of disease in which it exhibits its curative power, will be sufficiently obvious from the following cases :

An obstinate chronic exanthem is a great misery to the patient ; but when it further shows its spiteful humour by selecting as its seat the skin of the face, and especially when it chooses for such an outrage a young lady's face, it may then be truly called a great misery. Every one has seen young persons about the age of puberty in whom at first a few red pimples appear on the forehead, which turn pale on pressure with the finger, but all the redder afterwards ; then a yellow head appears on these pimples ; and if this be too soon picked off, the pimple enlarges, and its yellow head increases : but if it be left to its natural course, it soon dries up, and this follicular inflammation, constituting *acne pustulosa*, comes to an end. Instead of one or two such pimples, the skin of the face is frequently quite studded with them. A few years ago, I was sent for to see a young lady affected with this malady, and requested by her mother to remove it as speedily as possible. I began the treatment with *Natrum muriaticum*, which had proved serviceable in two similar cases, but had in several cases been of no use ; which is scarcely to be wondered at when the whole disease is expressed by one single symptom ; and thus it happened in the present case. *Nat. mur.* 9, in the dose of a drop every night and morning for a fortnight, produced no change. About this period I was occupied with the study of *Nux juglans*, and it struck me that it would suit this young lady, especially as scrofula seemed to be prevalent among the members of her family. I first prescribed *Nux juglans* 3, a drop night and morning. When after the lapse of a week no change was perceptible, I altered my prescription to the tincture, of which I gave every night

and morning 2, then after a week 3, and latterly as much as 5 drops for a dose. In a fortnight the eruption was lessened, and in four weeks it was quite gone.

I had an opportunity of observing a similar but more severe case in a girl of 18, in whom not only the forehead, but also the cheeks and the chin were affected with the eruption. The disease had already lasted upwards of two years, and every sort of remedy had been used for it by various medical men; among the rest, purgatives, mineral waters, so-called blood-purifying teas, cod-liver oil, &c.; but all in vain. In view of the other symptoms present, such as spasms of the stomach with very tiresome feeling of pressure there, total loss of appetite for butcher's meat, too early and too profuse menstruation, I prescribed for the first three weeks *Calcareo carbonica* 12, a few pilules every morning. This cured the spasms of the stomach; the appetite became normal, but the facial eruptions remained as before. I next prescribed *Calc. carb.* 3, about a grain every morning for a fortnight, which set the catamenia to rights, but had no influence on the acne. I now resorted to *Nux juglans*. Beginning with 2 drops night and morning, I gradually increased the dose to 5 drops; and in the first fortnight the fresh eruptions became much rarer, dried up more rapidly, and never attained their former size. Four weeks later, there were no fresh spots, and all traces of pustules were gone; but still many bluish-red spots remained, giving the appearance of a recent attack of small-pox. It was from two to three months before these traces of the eruption finally disappeared.

Cannabis sativa is a medicine which will not, I think, prove satisfactory in a diluted, still less in a highly diluted form, especially in cases of urethritis. For several years past I have been in the habit of giving it in the mother tincture in cases of gonorrhœa, and I have every reason to be satisfied with the result. I have had a great many cases of this disease under my care, and have used a good many drachms of tincture of *Cannabis* for their cure. Some patients have required as much as 2 drachms before their disease got to that state that I could go to some other

medicine; the state, namely, when the inflammation of the mucous membrane is gone—the swelling of the glans, which causes the skin around the orifice of the urethra to look wrinkled, has abated—the redness almost disappeared, and micturition become quite painless. In order to effect this, the tincture of *Cannabis* requires to be administered for from eight to fourteen days, in the dose of 2 drops night and morning, on sugar, or in a tablespoonful of water. Under this treatment we may be sure that the gleet stage will not be very long. In the case of a first gonorrhœa, it often suffices to insert a few drops of red wine into the mouth of the urethra while the penis is held directed upwards, and to retain it a few moments in this position, in order to cure the discharge completely in from one to two weeks after the inflammation has been got under. It strikes me as a piece of great inconsistency that practitioners who will give *Mercurus solubilis* in the 2nd or 3rd trituration for gonorrhœa with the following symptoms—painful erections, swelling of the lymphatic vessels along the penis, and swollen inguinal glands—will only give the much less profoundly acting *Cannabis* in high dilutions. When Jahr, in his *Klinischen Anweisungen*, particularly recommends for gonorrhœa a single dose of 2 globs. of *Cannabis* 80 to be allowed to act for five to eight days, and at the same time says emphatically that “the patient must keep quite at rest during the treatment,” I would be disposed to ascribe more therapeutic value to the enjoined rest than to the atom of *Cannabis*. But, granting that this minute portion of a drop of the 80th dilution of *Cannabis*, administered exactly as Jahr directs, played an important part in the cure of the gonorrhœa, still I would ask if it would not be much more rational and advisable to give in preference the tincture of *Cannabis*, and at the same time allow him to take moderate exercise, follow his usual avocations, and wear a light suspensory bandage in case he has much standing or walking to do. In this way we avoid all illusions. Moreover, I hold it to be the duty of the Homœopathic practitioner so to conduct his treatment, that it shall not oppress his patient with irksome dietetic

and regiminal rules that will interfere with his mode and means of living. But, at the same time, he should not, in order to please his patient, or to imitate procedures of his Allopathic colleagues, have recourse to any mode of treatment that seems to offer present advantage at the cost of future suffering. Such a mode I consider the Allopathic injection treatment in cases of gonorrhœa, and I shall take this opportunity of giving some of my experience relative to the consequences of this treatment.

About fifteen years ago, a messenger brought me one evening the card of a newly arrived stranger, on the back of which was written, "Please to visit as soon as possible a patient in a desperate condition." I immediately went to the hotel indicated. On coming into the anteroom, I heard groans and moans from the bedroom beyond. I approached the patient, and found a tolerably robust man of 30 lying in bed, with an expression of intense agony on his glowing red face, and his forehead covered with perspiration. After a few minutes he was able to speak, and gave me the following account of himself:—Two months ago he had gone on a pleasure-trip to Paris, and there had contracted a gonorrhœa. He went to the renowned specialist Ricord, who gave him several injections of a clear, colorless fluid, and in six days he was pronounced cured. Some days afterwards, pain in the anus came on. Ricord pronounced this to be owing to hæmorrhoids, and advised him to consult a specialist famous for such diseases. The latter prescribed tepid sitz baths and a purgative, which in the course of a few days removed the pain, but immediately afterwards the gonorrhœal discharge reappeared. He returned to Ricord, who at once surmised, but erroneously, that he had contracted a fresh gonorrhœa. Repeated injections were again employed, and in a few days the discharge was stopped; but the former hæmorrhoidal pains recurred, which drove the patient to the other specialist, who, however, was unable to give him any relief. Family affairs compelled him soon after this to leave Paris and return home. In consequence of the ever-increasing severity of these neuralgic attacks, the patient was compelled

to break his journey homewards, and to spend some days at Prague, where I attended him, and by means of *Nux vomica* and *Calcareo carbonica* so far mitigated the severity of his symptoms that he was enabled to continue his journey. *Sapienti sat.*

Another case was that of a married merchant whose wife was away at some mineral waters. During his six weeks' holiday, he contrived to catch a gonorrhœa. A feeling of shame kept him from consulting me, his ordinary medical attendant, about it. Chance led him to consult a thorough-going partisan of the injection treatment, who succeeded in stopping the discharge in a few days. About a week after his wife's return home, he rushed into my room and asked me if I had seen his wife, and if she had complained of anything to me. On my replying that I had seen his wife, but that she had made no complaint, he told me that after again resuming connection with his wife he had noticed a copious greenish mucous discharge from his urethra. I found, on examination, an undeniable gonorrhœa. Knowing the highly moral character of his wife, I asked him if he had never had a similar disease, when he made a confession of his weakness.

Though I have had many similar cases, I will content myself with relating the above pair; and I am sure my views respecting the injection treatment will meet with a ready response from many of my colleagues, who, from their own experience, will be able to corroborate what I have said regarding the injurious effects of this treatment. Possibly some mode may be hereafter discovered of successfully employing remedies externally and internally for the cure of gleet. It is not at all unlikely that *Nitric acid* or *Iron*, employed externally and internally, may be of use. As regards the latter remedy, I remember a case of chronic gleet with general nervous weakness, where the external and internal employment of the Franzensbad chalybeate water was of great use. In addition to strengthening the patient, it cured his gleet.

Another medicine belonging to the vegetable kingdom which we are often obliged to reject in the higher dilutions

and to administer in the lower numbers is *China*, especially in the form of *Sulphate of Quinine*. The tendency of this medicine to develop its chief action in the ganglionic nervous system and the organs under its sway, and particularly in the sphere of vegetative life, will lead the practitioner, according to what I have stated in the introductory part of this essay, to employ it in larger material doses, but still too small, according to Allopathic ideas, to produce any effect. When we remember that the old-school practitioners in some diseases give *Quinine* in 10- and even in 30-grain doses, we cannot wonder at them looking contemptuously at our doses, the largest of which amounts to but 1-25th part of a grain. But, in candour, I must confess that I have repeatedly seen rapid cures follow the administration of these immense doses; but when one or two of these doses do not effect the desired object, we may rest assured that a further repetition of them will be of no avail, but will even produce obstinate morbid symptoms, having all the characteristics of the pathogenetic effects of *China*. The cases in which I have observed rapid cures from these truly Allopathic doses were exclusively *non-intermittent neuralgias*; namely, one neuralgia of the head and two neuralgias of the facial nerve. While I cannot deny the reality of these cures which took place under my eyes, neither can I call them specific cures; for were such the case, then the ordinary method of the Allopaths to give in all neuralgias *Quinine* in doses of from 1 to 2 grains would be much more frequently successful than it is; whereas it often brings about complications, as a consequence of which the patients are often obliged to have recourse to Homœopathy for relief. In order to answer the question, "How are such cures produced?" we need but to direct our attention to the chief effects of *China*, which show us that its medicinal power, as already stated, is chiefly on the ganglionic sphere, and that when given in such massive doses this action must be of a very stormy character: nor will it alter the case that this stormy action on the ganglionic system is to be regarded as an antagonistic stimulus capable of checking the morbid phenomena of the sensitive nerves. But this sort of antago-

nistic treatment cannot be deemed worthy of imitation; for, on the one hand, there is much cause to fear that the too violent onslaught on the organism may have bad consequences; and, on the other, the Homœopathist has specific remedies capable of curing neuralgias without the fear of bad consequences.

Among the diseases in which I have found *China* in the higher dilutions do little or no good, whilst the lower triturations usually had an excellent effect, I would first name *intermittent fever*. As yet, pathologists are not agreed as to whether this disease has its seat in the ganglionic system, the brain, or the spinal cord. Excellent reasons have been given for the belief that ague has its origin in the reproductive system, and, therefore, in the ganglionic nerves. That this disease generally arises from miasmatic influences, that the constitution of the blood is altered in a peculiar manner, that various derangements of the digestive apparatus almost invariably precede and always accompany it—all these circumstances point to the ganglionic system as the seat of this disease; and that it is so, is still further proved by experience in practice, which teaches that the peculiar anti-febrile power of *China* is only, or at least most surely, exhibited when given in stronger doses, showing that this form of disease proceeds from the ganglionic system. And thus it happens that it is chiefly on clinical experience that the physician must rely while judging of pathological processes. When the physician sitting at his desk, as at a spinning-wheel, spins out the spiritual thread of his thoughts, like the real spinner who often moistens the lengthening thread in order to give it more cohesiveness, he must endeavour to give his spun-out thoughts more consistency and cohesion by constantly seeking the aid of experience. If the spinner omits the one, the physician the other, the result in both cases will be but a loose, incoherent thread.

Bock, in his *Manual of Pathological Anatomy*, expresses grave doubts as to the seat of intermittent fever, and he adduces some grounds for the opinion that the pathological seat of the disease may be in the brain and spinal cord.

Let us examine these grounds: "The frequent painfulness on pressure of the upper dorsal vertebræ." Here is a symptom which is, in truth, only important to us Homœopaths, seeing that it furnishes a characteristic indication for the administration of *China*; but it would scarcely be justifiable to attach any great pathological value to it, seeing that anatomy teaches us the intimate connection of the sympathetic nerve and the ganglionic system with the spinal cord; and it is easy to understand that such an affection of the ganglionic system of such intensity may also have a reflex action on the spinal cord, and cause irritation of it. Another circumstance which, according to Bock, speaks for ague being caused by a morbid affection of the brain and spinal cord, is "its frequent cure by psychical and sympathetic remedies." That the impression of mental affections can extend to the ganglionic system, and to the organs supplied by it, and produce in them many pathological changes, is beyond all doubt; and this, in my opinion, would at once prove the untenableness of this supposed proof. With respect to sympathetic remedies, however, I must confess that I am astonished at Bock's allusion to them, as none but ignorant, superstitious peasants would allow them to possess any power, unless this—that after a patient has been in vain treated by Allopathic drugs, and has recourse to these remedies, the mere abstention from the powerful drugs allows the healing power of nature to have fair play, and a cure is effected, with which, of course, the sympathetic rubbish has nothing to do. Besides, were it even proved that ague was cured by sympathetic remedies, this would not satisfy me that this disease lay in the higher nervous system, the brain and spinal cord; for we know that warts, which undoubtedly belong to anomalous reproductive life, offer a fine field for the performance of sympathetic miraculous cures. It may be a matter of taste, but I must confess that I have much more confidence in the "Homœopathic nothings" than in the sympathetic nonsense. But as regards these Homœopathic nothings, they are by no means so very astonishingly minute in the case of the Homœopathic treatment of ague; for when I have occasion

to give *China* in a tertian ague where it is indicated, I am in the habit of prescribing about half a grain of the first decimal trituration of *Sulphate of Quinine* every three hours during the apyretic stage, so that for the complete cure about one grain is required ; but if my object is not attained by this quantity, I have found by experience that stronger doses are of no avail.

A short time since, a gentleman came to Prague from the country, where he had already had two attacks of ague, in order to put himself under my care. He was a strong, robust man, of 40 : without apparent cause, he had some days since been attacked by great lassitude and loss of appetite ; after which, one evening, he had a severe rigor, which lasted two hours, and gradually passed into strong heat with violent congestive headache, and then into profuse perspiration. Sleep only ensued about midnight, when the sweat broke out, but he was not refreshed by it. The digestive derangements, the tendency to constipation, induced the country doctor to give, for the first few days, nothing but purgatives.

And so the well-purged patient came to Prague, and the same evening had a third fit, a portion of which I witnessed. The violent rigor was nearly over when I paid my first visit. The head was beginning to grow warmer, also the hands ; but the feet were still icy-cold. Half an hour elapsed before they grew warm ; but, at the same time, the heat of the rest of the body increased disproportionately ; the pulse became sharper, quicker, and the congestive headache that had begun to show itself during the rigor increased from one quarter of an hour to another, and attained such a height that, unwilling though I am to give medicine during the fit, I administered a dose of *Belladonna* 12 before I left. Next morning, I was told that, soon after getting the *Belladonna*, the patient had begun to doze, and, on the occurrence of general perspiration soon afterwards, deep, quiet sleep ensued, undisturbed for four hours ; after that, rather disturbed until morning. The headache was gone, and when he awoke there was only some confusion of the head remaining. Examination of the abdomen by percus-

sion showed an accumulation of flatulence, probably owing to the previous exhibition of purgatives; the size of the spleen seemed to be normal, but there was marked hepatic swelling, probably of long duration. Appetite very poor; tongue furred yellow; bowels confined since the purgatives had ceased to act. The spine was somewhat tender in the neighbourhood of the middle dorsal vertebræ. The whole of the symptoms present, as well as the circumstance that the previous purgation had caused a loss of humours, led me to choose *Quinine*, of which I prescribed about half a grain of the first dec. trituration every three hours during the apyretic stage. The following day, the patient having had a good night, felt more appetite, and, on the whole, stronger than during the previous days—also in better spirits. The next day was the same. The eventful hour of 6 o'clock approached, and still the patient felt well. It was not till nearly 8, consequently two hours later, that the rigor came on pretty severely—lasted scarcely an hour, then passed into heat, which in half an hour was followed by general perspiration. The headache recurred during the febrile attack, but did not attain its previous intensity. Thus it was evident that amelioration had commenced. Unfortunately, some of the patient's friends persuaded him to take advantage of his presence in the capital, and call in a hospital physician. So it was arranged, contrary to the patient's own will, that a consultation with Professor N. N. should take place next day, and I was informed of this arrangement. About 1 o'clock the professor appeared, greeted me in a friendly manner, examined the patient carefully, and agreed perfectly with me in the diagnosis. We then adjourned to a neighbouring room, when he explained to me his ideas of the treatment of the case, and the following discussion ensued :—

Professor.—You have been giving *Quinine* in very minute doses, and think you observe a commencement of improvement. I admit it; but if the cure goes on at this pace, some weeks must elapse before a complete cure is effected. Try the effect of giving on the day the fit is expected, shortly before the hour it should come on, a five-grain dose of

Sulphate of Quinine, and you will be surprised how quickly the fever will go off. In the rapidity and certainty of the cure consists the real art of the physician.

Myself.—Still, the consequences of such a sudden cure might be disagreeable.

Professor.—Nonsense ! The thousand-fold experience I have had in the hospital prevents me fearing any injurious consequences. Every tertian fever is dismissed cured in a few days.

Myself.—Free from fever, I dare say, but the patient is not restored to health.

Professor.—Most of the patients come from the country ; and once the fever is removed, the convalescence goes on rapidly in the wholesome country air.

Myself.—I would have much pleasure in agreeing with you, were it not that I have had to treat many patients for the bad effects produced by thus cutting the ague short. This treatment reminds me involuntarily of the treatment of gonorrhœa by injection, whereby this disease is rapidly stopped, but disagreeable consequences inevitably ensue.

Professor.—I cannot agree with these views. Besides, you are free either to take or to reject my advice.

With these words, the professor rose, returned to the room where the patient was, and informed him that he had mentioned to me a mode of treatment whereby a cure might be speedily effected ; but the Homœopath was a very timid gentleman, and was afraid of a few grains of *Quinine*. With this, the professor took his leave. I communicated to the patient the professor's views, and my own objections to them ; but his friends insisted that the professor must have had so many opportunities of seeing such cases in the hospital, that if bad effects followed his mode of treatment he must be quite familiar with them. The end of the matter was, that the patient was persuaded to take the proposed five-grain dose of *Quinine*, which he did about 5 p.m. next day. I called on him a few hours afterwards, and found him much depressed in spirits. The fit had not come on, but he felt a general *malaise*,

which, he said, was much worse than an actual fit. His head was heavy, confused; the pulse small, weak: at the same time, a feeling of great prostration, a kind of inward painful anxiety. I suggested that the professor should be called in next day, and in the mean time ordered him to drink soda-water, *ut aliquid fiat*. Next day, about noon, I met the professor at the patient's. The latter gave a most lamentable account of his present ailments—his total sleeplessness, his great prostration and complete want of appetite. I thought the professor would be somewhat shocked; but, on the contrary, he turned towards me with a triumphant smile, and said: "Look! it is just as I said, the fever is quite gone; we have now a *tabula rasa* before us. It would indeed be very singular if my thousand-fold experience had not taught me how to cure an ague in the speediest manner." And turning to the patient, he shook his hand and said, "I congratulate you; you see we have already driven out the devil, and now we will drive you out! Take my advice, and go away this very day. You will soon recover in the fine country air; and in order to be safe from any recurrence of the fever, take twice more, on the day of the usual occurrence of the fit, a similar dose of *Quinine*." With a gracious smile, the victorious professor shook hands affably all round and took his departure. The "cured" patient attempted to rise from his seat to accompany his deliverer, but fell back exhausted with the effect, and overcome by vertigo. A conveyance was soon got ready to take him into the country. A few days afterwards, I met one of his friends, and asked him how the patient got on in the country. He said, he had just been to the professor with a report of the patient; the professor had assured him that all would yet be well—it was only a pity he had not had the strong dose of *Quinine* sooner, as one could not suppress an ague too quickly or too energetically. The reader may imagine my feelings, but I held my tongue. Four weeks later, the patient came to Prague in a most pitiable condition, with swollen legs, greatly enlarged spleen and liver, and with an anticipating tertian ague for the last ten days. He called me in, and solemnly

declared he wished to put himself exclusively under my Homœopathic treatment. Eight pilules of *Natr. mur.* 6, three times a day, produced a marked amendment in fourteen days; this, followed by *Arsen.* 6, in doses of four pilules night and morning, made a complete cure of the patient in five weeks, in spite of the town air, and he returned home well and happy.

The following case is a pendant to the above:—The Countess B—, æt. 45, of delicate constitution, mother of four children, had suffered for several months, while residing in Pesth, from oöphoritis of the right side, for which were employed repeated applications of leeches, poultices, and blisters, in addition to various anti-inflammatory internal remedies. She recovered gradually, and came to Prague, where she put her children under my care. I had attended them in several maladies, when one day she mentioned the disease she had had in Pesth, and told me that since that time she had suffered shortly before and during each catamenial period from a tired and numb feeling in the right foot, and at the same time the veins of the leg of that side were swollen. I told her I thought these symptoms were connected with the disease she had previously suffered from, and suggested an examination, which was refused. After the lapse of about half a year, during which the periodical symptoms increased month by month, I was permitted to make an examination, when I found, deep in the right iliac region, a smooth, round swelling, the size of a hen's egg, which did not move much when pushed and was slightly tender to pressure. I gave my opinion that there was a considerable exudation into the periphery of the ovary, which was likely to grow bigger, and which, though not dangerous under appropriate treatment, was yet not certainly or readily curable, especially as the parts had been weakened by the previous Allopathic treatment. The lady decided on putting herself under Homœopathic treatment. I had her under my care for two years, with varying, but, on the whole, satisfactory results, the size of the ovarian tumour having decreased by one half. Sometimes painful inflammatory

symptoms occurred, which were generally readily subdued by *Bryon.*, *Bellad.*, and *Merc. sol.*; but after each acute inflammatory attack an increase in the size of the ovary was observed, for which the *Iodine water of Halle*, *Staphisagria*, or *Lachesis*, were used with good effect. The recurrence of these attacks was connected with plethora abdominalis, dependent on the climacteric period. I recommended the patient to go to Carlsbad for several weeks, but advised her to hear what some other medical man would say about her case. She consented, and her choice fell on Professor N. N. At the consultation, I communicated to him my views of the case, and he proceeded to examine the patient, putting her into every conceivable position, until the perspiration dropped from both him and the patient. With a triumphant smile he thus addressed the patient:—"I have frequently had the pleasure of meeting your doctor in consultation, and have hitherto always been able to agree with his diagnosis; but this time I feel myself compelled to differ from him. I find here no hydro-ovarium, but only a hardened mass of plastic exudation, the consequence of a previous local circumscribed peritoneal inflammation." In vain I directed his attention to the origin and course of the disease, and the peculiarity of the symptoms. His verdict was given, and was unalterable. He, however, agreed entirely with me as to the advisability of a course of Carlsbad waters. My confusion may be imagined, for the professor's reputation as a diagnoser was immense. I said that I regretted there should be such a discrepancy between the professor's diagnosis and mine, and it was therefore suggested that another opinion should be had. It was resolved to send for the celebrated Oppolzer, of Vienna. He was telegraphed for, and in due course made his appearance. He examined the patient, and coincided entirely with me both as to the disease and the advisability of a course of Carlsbad waters. When he had pronounced this opinion, the door opened, and Professor N. N., who had been sent for, came in. He was rather taken aback at finding Oppolzer at the patient's bedside, but, recovering himself, shook hands

warmly with him, and asked if he had examined the patient. Oppolzer answered affirmatively, and then said, "Nullum dubium, est hydro-ovarium." Our Professor turned red, and, saying, "Well, that is strange," hastened to the patient to examine her over again. He did not, however, again subject her to the torture of the former examination, but merely percussed her a little with the pleximeter, and then said that on the former occasion there must have been some accumulation of flatulence which had prevented him detecting the disease, which, however, he now plainly detected, and he quite agreed with his colleagues with respect to its nature. I thus obtained an honorable victory.

I may mention that the patient derived considerable benefit from the Carlsbad waters. Four years have elapsed since then, and, though the patient has not entirely lost her ovarian tumour, she is in a very satisfactory state of health; and when at any time the swelling reappears, it rapidly subsides under the use of the above-mentioned remedies, especially *Staphisagria* and *Lachesis*.

(To be continued.)

HOMŒOPATHY AND THE BRITISH MEDICAL ASSOCIATION IN INDIA.

IN our last number we simply alluded to the very uncourteous treatment experienced at the hands of his colleagues by Dr. Mohendro Loll Sircar, a vice-president of the Bengal Branch of the British Medical Association, when he delivered the address on medicine at the fourth annual meeting of the Association, held in Calcutta on the 16th of February last.

The address which excited so much bitter feeling among the Calcutta faculty is before us: its title is, *On the supposed Uncertainty in Medical Science, and on the Relation between Diseases and their Remedial Agents*. The title did

not necessarily imply that Homœopathy would be alluded to, and we have no doubt that many an Allopathic author would be able to write a brilliant essay with the same title without touching on the tabooed subject, or only noticing it with contemptuous sneers. It would, however, be difficult for an unprejudiced scientific man to investigate "the relation between diseases and their remedies" without discovering that it is in Homœopathic treatment alone that any rational relation exists between diseases and remedies.

Dr. Sircar seems to have approached the subject with a perfectly unprejudiced mind, and has here given the result of his investigations with much candour. The reception his manly expression of his agreement with much of the teaching of Hahnemann met with in the Association seems to have astonished him in no small degree. No doubt, his simple Hindu understanding led him to believe that when the great men of the Calcutta Faculty professed their anxiety to discover truth, and their willingness to accept improvements in medical treatment from whatever quarter they came, they sincerely meant what they said, and would give the opinions he expressed a fair hearing and impartial investigation. Doubtless, the last thing he expected was to be told by his truth-seeking colleagues that there was one direction in which truth must not be sought—the direction of Homœopathy—and that any allusion to the hated subject was to be met, not by argument, but by threats of kicking him out of the room. The astonishment felt by the worthy Hindu is apparent in the preface and postscript to his published address, but we venture to say it will not be long before he learns to estimate at their proper value the professions of liberality and the conventional aspirations after truth of his Allopathic brethren.

This address is interesting, not only as being the first record of an impartial inquiry into the truth of Homœopathy by a native Indian, but, as being the exciting cause of one of the most scandalous and outrageous exhibitions of bigotry and illiberality ever witnessed in an assemblage of scientific men, and hence deserves a more extended notice than we are in the habit of bestowing on such essays. We shall give what

the author says on the subject of Homœopathy in his own words.

After quoting the opinions expressed by various authors relative to the uncertainty of medicine, from Hippocrates down to Sir John Forbes and Dr. Hughes Bennett, and giving instances where diseases that had resisted all the appliances of the regular faculty were rapidly cured by some very unorthodox methods, he goes on to say :

“ The conclusion from these facts is inevitable, that there are grievous deficiencies in our own system, and that there are merits in the so-called irrational and unscientific systems, of therapeutics.

“ Admitting this, ought we to remain self-complacent, wrapt in the fancied superiority of what we call our own science? Ought we to look down upon men whose only fault is they have not had the advantage of our peculiar training? On the contrary, ought we not to follow in their wake and watch their proceedings, to learn perchance for our own benefit? Ought we not to give them fair play to enable them to develope to the fullest extent the powers of their respective systems? Can we cease to be students? Ought we to think ourselves masters of the profession the moment we have passed the bounds of our alma mater?

“ We are now but doing the work of Kepler in medicine, and we hope that some day a Newton will rise, who, by the light of the facts that are now being disclosed, will penetrate the innermost depths of the mysteries of life, bring the discordant facts under the control of one harmonious law, and who, as Sir James Simpson ‘is most willing to admit, would make the greatest imaginable discovery in medicine’ —the discovery of ‘a single universal infallible law in therapeutics, applicable to all diseases and all cases of disease,’ and thus construct ‘a system of medicine which,’ in the language of Professor Bennett, ‘from its consistency, simplicity, and truth, may at the same time attract the confidence of the public, and command the respect of the scientific world.’ For this end it were well that the professors and practitioners of orthodox medicine, instead of relying too much upon their fancied superiority of knowledge, had taken

lesson from all the facts in medicine—not only from facts that come under their immediate observation, but also from facts that occur in the practice of those whom they are pleased to call by all manner of reproachful names. It is only by so doing that we would be hastening, whereas now, thanks to our pride and pride-born prejudices, we are helping to retard, the advent of the day of consummation in medicine.

“If we reflect upon the cause of the uncertainty in medicine, we shall find that it is owing almost entirely to the fact of no definite relation having yet been discovered between diseases and their remedial agents. The only relationship between diseases and drugs, thought of by the patient, and unfortunately very often by the physician, is the *curative* or the *therapeutic*. Diseases are called by particular names, and it is imagined there are drugs especially adapted for the cure of this and that disease. Drugs are generally believed to have no other relationship whatever to the economy.

“A little observation shows us, however, that we have no pure remedial agents properly so called, that is, agents which have only a strictly curative, and never a perturbative, influence upon the system.

“It is an undoubted fact that there is not a single drug which does not produce in the healthy economy some perturbation or abnormal condition,—in other words, some toxic, or, as I shall prefer to call it, some nosogenic or pathogenetic effect. And it often happens, that when administered to the sick, medicines produce disturbances other than those already existing. The great aim of our art should be, indeed, to produce as little of these extraneous disturbances as possible. The perfection of medicine should consist in the simple removal of disturbances already present, without the production of new ones.

“Now, the relations between diseases and their remedial agents can only be the following:—

“1. The analogy or otherwise between drugs and the causes of disease.

“2. The analogy or otherwise between the phenomena

which a drug gives rise to, when administered to the sick, and the phenomena of the disease.

“3. The analogy or otherwise between the phenomena which drugs give rise to, when administered to the healthy, and the phenomena of diseases in general.

“The analogy between the causes of diseases and their remedies is a patent fact; we have mechanical, chemical, dynamical, and moral causes; and we have likewise mechanical, chemical, dynamical, and moral remedies. In a great majority of cases, we may not be acquainted with the cause of a disease, but we never think it is something mysterious, other than one belonging to the one or the other of the afore-mentioned categories. Besides, our accumulated experience in toxicology, and our researches in experimental pathology inaugurated by Magendie, and continued by his illustrious disciple Claude Bernard, and other zealous workers in the field, teach us that we have analogies of nearly all our diseases, in the various varieties of poisoning, and in the lesions we can give rise to, in the lower animals, by operative or toxicologic procedures. ‘There exists,’ says Bernard, ‘so remarkable an analogy between the symptoms of legitimate diseases, and the disorders which result from the introduction of toxic agents into the economy, that the effects of poisons may, up to a certain point, be considered as the most perfect specimen of morbid actions which can possibly be selected as a type.’ ‘And mere surgical lesions,’ he continues, ‘frequently enable us to create at pleasure, in sound animals, a series of well-known disorders.’* The distinction, according to him, between a medicine and a poison, consists only in the dose and time of administration. Whatever is medicine in a small dose, becomes poison when exhibited in a larger dose, and at an improper time.

“If then therapeutic agents are thus analogous to morbidic causes—if, in fact, they are themselves morbidic agents, it is all-important that we should acquaint ourselves with their pathogenetic effects. We ought not, in fact, to use any drugs in the treatment of diseases, before we have made ourselves thoroughly familiar with their actions on the

* *Medical Times and Gazette*, September 8th, 1860, pp. 225-26.

healthy organism, called also their physiological actions. This will be the first step towards rescuing Medicine from blind empiricism, and elevating it to the rank of a positive science.

“The necessity of instituting experiments for the discovery of the physiological action of drugs, has only been recognised in recent times. It appears to have been first recognised by the immortal Albrecht von Haller, who, in the preface to his *Swiss Pharmacopœia*, published in 1771, says:—‘In the first place the remedy is to be tried on the healthy body, without any foreign substance mixed with it; a small dose is to be taken; and attention is to be directed to every effect produced by it: for example, on the pulse, the temperature, the respiration, the secretions. Having obtained these obvious phenomena in health, you may then pass on to experiment on the body in a state of disease.’

“It was also recognised, and more, it was acted upon, by Stoerk of Vienna, Physician to the Emperor, who instituted experiments upon himself, with several powerful drugs, as *Aconite*, *Colchicum*, *Conium*, *Stramonium*,—experiments that attracted wide attention at the time,—the drugs experimented with passing rapidly into extensive use, but as rapidly falling into disrepute, owing to the extravagant expectations formed of their healing powers.

“The necessity was felt and acted upon by Dr. Joerg, late Professor of Materia Medica and Therapeutics in the University of Leipsic, who ‘gathered around him a band of enthusiastic and devoted disciples, aided by whom, he instituted provings, with a number of our most important therapeutic agents, with a view of determining their opposites in disease.’

“This necessity was likewise formally recognised by a public assemblage of medical men at the Scientific Congress held at Strasburg, under the presidency of Prof. Forget, in 1842, who passed the following resolution:—‘That the third Section (the Medical) are unanimously of opinion that experiments with medicine on *healthy* individuals are, in the present state of medical science, of urgent necessity for physiology and therapeutics; and that it is desirable that

all known facts should be methodically and scrupulously collected, and, with prudence, cautiousness, and scientific exactness, arranged, written out, and published.'

"It has begun to be recognised by British physicians.* Dr. Acland, at the Thirty-fifth Meeting of the British Association for the advancement of Science, addressing from the chair of the Physiological Sub-section, said, 'Physiological experiment is necessary to obtain the laws of action on healthy bodies, but alone it does not explain the laws of action on perverted organic structures or functions, as is seen in the common instance of the different effect of opium on a man in health, and on a man in disease. Clinical observation is, of course, beyond physiological research, and must, from its far more limited field, *follow rather than precede*. It aims at applying, in due course, all safe and established results of *previous physiological inquiry*, and adds the deductions from investigations exclusively its own. The Physiological Sub-section passed the following resolution, which was presented last year in May as a Memorial to the General Medical Council by Dr. Acland, only to be rejected by that august body:—

"'Having regard to the observations of the President, Professor Acland, in his inaugural Address, the Committee of the Sub-section of Physiology desire respectfully to intimate their opinion of the great advantage which would accrue to physiological (and thereby to medical) science, if the General Council should think fit, by pecuniary grants, and the appointment of suitable persons, to undertake in-

* The late Dr. Pereira was fully aware of this necessity. "In ascertaining the action of remedial agents on the *human* body," he says, "it is necessary that we should examine their influence both in healthy and diseased conditions. For by the first we learn the positive or actual power; while by the second we see how that power is modified by the presence of disease The Homœopaths assert, and with truth, that the study of the effects of medicines in the healthy state is the only way of ascertaining the *pure* or *pathogenic* effect of medicines, since when we administer our remedies to invalids 'the symptoms of the natural disease, then existing, mingling with those which the medicinal agents are capable of producing, the latter can rarely be distinguished with any clearness or precision.' "—*Elements of Materia Medica*, 4th edition, vol. i, p. 89.

vestigations into the physiological action of medicines. A few agents, when administered in poisonous doses, have alone been the subject of such research; and whilst the remedial effects of even such well-known agents, as Quinine, have been admitted for ages, their modes of action are still unknown. Even to this moment our knowledge of the action of remedies rests only upon ordinary observation and general inferences. The Committee is well aware of the extreme difficulty of prosecuting exact physiological inquiries *in states of disease*, and, above all, of the necessity of devising *new modes of investigation*; but, bearing in mind recent researches of an analogous nature *in health*, they do not doubt there are physiologists and physicians of approved ability in such researches, who would be able to devise the methods, and bring the results to a satisfactory conclusion. The Committee also venture to suggest that no experiments should be regarded as satisfactory which (in addition to others) are not made in ordinary medicinal doses in the diseases, for the relief of which the remedies are administered (as well as in poisonous doses), and which are not performed with all the care and exactitude known in modern physiological research.'

"While on this subject, it would be most unfair and unjust not to mention that by none that I know of was the necessity and importance of drug-proving so earnestly felt, and so energetically acted upon, as by Samuel Hahnemann. In spite of a mass of rubbish with which they are mixed up, the records of the physiological actions of drugs, derived from experiments upon himself, and 'upon numerous friends whom he had induced to share with him the trouble, the suffering, and the risk,' will entitle him to the lasting gratitude of mankind. There are grave defects in the provings and system of Hahnemann, but before I proceed to point them out, I must beg leave frankly to confess, fearless of any opposition I may meet with, that I have not been able to understand the reason of the extreme attitude of absolute hostility, which the profession has shown towards this man and his system. Was he a theorist and a dogmatist? Have there not been theorists and dogmatists

before and after him? Was he a heretic? Who is not? What independent mind will not disdain to move in the groove of the past? Has orthodoxy any meaning? It has only a name, but no habitation either in place or time. Is the orthodoxy of to-day the same as the orthodoxy of yesterday? and will it be the same as the orthodoxy of to-morrow? Nay, has the orthodoxy of one man ever been the same as the orthodoxy of another? Was he a visionary and a quack? If he, whom Jean Paul Richter pronounced to be 'an extraordinary double-brain of philosophy and erudition,' was a visionary and a quack, I do not know who can escape the charge. 'Hahnemann,' says Sir J. Forbes, 'was undoubtedly a man of genius and a scholar—a man of indefatigable industry—of undaunted energy. In the history of Medicine his name will appear in the same list with those of the greatest systematists and theorists; unsurpassed by few in the originality and ingenuity of his views, superior to most in having substantiated and carried out his doctrine, into actual and most extensive practice. Nor will the overthrow of his system as a system deprive him of his fame, so long as Paracelsus, and Stahl, and Silvius, and Boerhaave and Brown, and the hundred other heroes of theoretic renown, are remembered by their successors in the schools of Medicine.'

"To return: there are defects both grave and numerous in the provings of Hahnemann. And almost all his followers, with the exception of the bigoted few, are keenly sensible of them. Dr. Sharp, whom, notwithstanding his faith in the Hahnemannian mode of treatment, Dr. Meryon, in his recent review of that system which appeared in the pages of the *Lancet* for 1866,* has not hesitated to characterise as 'a distinguished and honorable physician'—this Dr. Sharp, perhaps the most enlightened and eminent advocate of the Homœopathic doctrine, has pointed out the defects I speak of, in his masterly Essays, and more recently in a paper on the *Physiological Action of Medicines*, which he read at the last Meeting of the British Association for

* Nos. for February 10, February 17, and June 2.

the Advancement of Science.* I may notice in passing, that 'the reading of this paper (by a professed Homœopath) was followed by an interesting discussion, in which several medical men (of the orthodox school) took part, and which was closed by the President, Professor Humphry (of Cambridge), who observed that the paper had been well characterised as a suggestive one, for that in reality our knowledge upon the subject was as yet small.'

"Dr. Langheinz of Darmstadt, another Homœopath, but of a very enlightened and free-thinking order, is also forcibly drawing attention to these deficiencies. He has gone so far as to 'maintain that the *Materia Medica Pura* of Hahnemann is antiquated, insufficient for the science of the present day, and is besides partly impure and incorrect.'† And while exculpating Hahnemann from fabrication of symptoms and intentional deception, with which he has been charged by Prof. Sachs of Königsberg, and Prof. Karsch of Münster, he sums up the errors and defects of the records of the Provings left by him as follows :

" ' 1. Hahnemann does not tell us who the persons experimented upon were ; but inquiries are necessary in order to know their suitability and trust-worthiness ; we know nothing of their age, temperament, or manner of life, nor even of any predisposition to particular complaints ; and yet all these things exercise the most evident influence on many of the symptoms produced by medicine. 2. We know not the time of the year when, nor the meteorological circumstances under which the experiments were made ; and yet it is self-evident that the same influences may produce different results in summer and in the cold of winter ; for instance, damp foggy air arrests evaporation and the diffusion of watery vapour, whilst the dry atmosphere of summer calls them forth most abundantly. 3. Hahnemann does not always by many exceptions, scarcely ever in the *chronic diseases*, give the strength of the individual doses, and says nothing regarding the repetition of them, although he knows right well how important these circumstances are in

* See *Monthly Homœopathic Review*, October, 1866.

† *British Journal of Homœopathy*, January, 1866, p. 2.

judging of the properties of the respective Medicines. Lastly (4), the sequential order of the symptoms can be ascertained in the *Materia Medica Pura* only imperfectly, laboriously, indeed, sometimes not at all; so that it is impossible to learn clearly the characteristic, the radical, the fundamental action of the medicines.*

"These are objections certainly numerous and grave; but Dr. Sharp adds another, perhaps the most serious of all, viz. 'that he (Hahnemann) limits himself to the observation of symptoms, and does not endeavour to connect them together, so as to represent a pathological condition.'† 'I believe,' says he, in what Dr. Meryon himself considers a dispassionate and philosophical address, 'I believe the rejection of pathology by Hahnemann has been one of the main hindrances to the reception, by the medical profession, of his homœopathy; and it will, I think, remain an insuperable obstacle.'‡ On this Dr. Meryon remarks, 'Although I do not entirely concur in the above quotation, I do think that but for the blunder in question much that was suggestive in Hahnemann's writings would have been received with that spirit of toleration which teaches men to regard dissidents from received standards of opinion with charity, if not with respect.'

"We admit then the necessity and importance of the proving of drugs on the healthy, in order to elicit their physiological actions, in order to build, in fact, the science of physiological pharmaco-dynamics. We understand also the precautions we are to take, the conditions we must adopt, in order to secure a sound and a faithful record of these provings. Having done all this, what are we to do next? What use are we to make of our new science? We must compare the physiological with the therapeutical actions of our drugs, in order to discover the relationship between diseases and their remedial agents, in order that we may enunciate the law or laws of therapeutics. Has this been done? Hahnemann says it has. Is there one or

* *British Journal of Homœopathy*, January, 1866, p. 5.

† *Monthly Homœopathic Review*, October, 1866, p. 590.

‡ *Ibid.*, October, 1865, p. 586.

more laws of therapeutics? Hahnemann says there is but one, and no other, and that is the law of *Similia Similibus Curantur*. Whoever cures, says he, cures, consciously or unconsciously, after this eternal law. Is he right? I think not. Cures are effected in so many divers ways, that it must be the most unphilosophical and painful straining of the *Similia Similibus* law, to say, that it pervades them all. It would have been as philosophical for Newton to have said that bodies approach each other only by virtue of the law of gravitation. I believe the Father of Medicine is more on the side of truth. 'Diseases,' says Hippocrates, 'are sometimes cured by contraries, sometimes by similars, and sometimes by remedies which have neither similitude nor antagonism.'

"I believe, nevertheless, that Hahnemann has succeeded in discovering one of the very best guide laws for the selection of remedies. Let us look a little deeper into the question. We are all agreed as to the very first principle of treatment, *viz.*, 'The removal of the cause.' This ought to be the first step in all systems of treatment, and very often this alone is sufficient for the removal of the disease.

"There are, however, extreme cases, where an exclusive and a blind adherence to this principle, fundamental as it is, may be fraught with mischief. A grain of sand might have been the cause of violent inflammation of an eye. The case might have gone so far as actually to prevent our removing the obnoxious grain of sand, before subduing the inflammatory action that has already set in. Here our attempt at removal of the cause would be, not only vain and futile, but mischievous too.

"Besides, the cause may be of so general a character, as volcanic, meteorologic, or cosmic, that we cannot remove it, or, more properly speaking, that we cannot remove the patient from its continual influence. The cause having been removed, or, as the case may be, not having been removed, what are we to do next? We must attend to the existing disturbances. These disturbances are expressed by symptoms and signs. The subjective symptoms are all due to implication of the nervous system, and most of the

other symptoms, in the shape of alteration of structure, are likewise mainly due to abnormal condition of the nervous system, influencing the nutrition of those structures. So that in the course of a disease, we have altered condition or conditions of portions or whole of this system. This is now being shadowed forth by our physiology, and has not yet exerted any influence on our therapeutics. All that we now recognise in the treatment of disease is either exhaustion or excitement of the nervous system, and accordingly we use either stimulants or depressants. But we entirely ignore the various other abnormal conditions which give rise to all the sensations of the patient, and very nearly to all his other abnormal states. Modern physiology demands a more extensive recognition of the varying conditions of the nervous system, and suggests, as has been done by Dr. Beale, that intensity and direction of the current circulating in nervous apparatus, are, more than anything else, concerned in the nutrition of parts normal and abnormal.

“Now, in disease, if we succeed in changing or removing the particular condition of the nervous system, associated with it, if not constituting its very essence, we really put the economy on the way to recovery; we set it a-going, as it were, in its normal direction. Whatever will effect this object, will, no doubt, effect the cure. And I do not believe there is only one possible way of doing this. I believe there are many, just as there are many ways of arriving at the solution of the same mathematical problem. The difference will be only in the quality of the method. One may be more circuitous and more clumsy than another.

“It must be evident from the provings of our drugs, that they do produce, as Bernard has shown, types of ordinary diseases. Drugs, in fact, derange the system, by reason of their peculiar affinities for particular organs, or by reason of their peculiar influence over the nervous system, or probably by reason of both these combined. Now it is possible to select a drug whose recorded pathogenesis will coincide, or very nearly coincide, with the pathological condition of a patient. This drug, if administered, will exert its own influence upon the tissues and organs at fault, and unless it

be identical with the cause of the disease, it will exert a different influence from that already existing in the economy, and thus lead to the removal of the morbid influence. The question is—Do drugs, selected and administered according to the similarity of their pathogenetic effects to the whole pathological conditions of patients, actually produce curative effects? I am bound, from my own experience, which has extended over upwards of a year, to declare that they do.

“ I was so struck with the rapidity and completeness of some of the cures effected by the use of drugs selected after this principle, that I was compelled, in duty, to watch cases under this peculiar mode of treatment. I became satisfied that the cures were really the effects of the medicine, and not the result of the influence of the imagination, or of a restricted diet, or of the natural progress of the disease, as I used formerly to believe.

“ Having been convinced so far, I was induced to make trials of the drugs myself, and for this purpose I made the peculiar preparations with my own hands, not trusting to the preparations of the shops. I was surprised to find that they do act,—and act marvellously in removing diseased conditions, which yield only tardily to the ordinary mode of treatment. I have, in this way, used *Arsenic* and *Vera-trum* in cholera, with a success that I never dreamt of before. And I must beg you to remember that I have, in the one case, the authority of Dr. Black, who published his mode of treatment of cholera by *Arsenic* in the *Lancet* of 1837, and, in the other, the authority of Hippocrates, who mentions a case of cholera having been cured by *White hellebore*. Thus encouraged, I made a trial of other remedies, such as *Aconite*, *Belladonna*, *Nux vomica*, *Ipecacuanha*, *Phosphorus*, *Vegetable charcoal*, *Sulphur*, and a few others, and I must say, that I have observed their unmistakable influence over disease, when administered after the principle of similarity of symptoms. I do not say that I have succeeded in removing all the diseases that have come under my observation by treatment based on this principle alone. Indeed I must freely admit, that I have failed in numbers of cases, where I was obliged to have recourse to the ordi-

nary treatment, whereby I effected the final cure. The system, however, has many recommendations, and I deem it worthy of trial. I feel it, therefore, my duty most humbly to urge upon the profession the necessity of recognising it as one of our therapeutic systems."

ON THE REMEDIES FOR HÆMORRHOIDS.

By Dr. RICHARD HUGHES.

It cannot be too widely or too clearly known, that Homœopathy possesses medicines for piles which in the great majority of cases render unnecessary the knife, the ligature, or the application of nitric acid. If it had done nothing else for the art of healing, it might base on this alone its claims to the gratitude of mankind.

I have no intention, in this paper, of discussing the pathology of hæmorrhoids. I shall attempt to distinguish the various forms under which they appear only so far as is necessary for assigning to the medicines we shall consider their precise sphere and mode of action.

1. I assume that piles essentially consist in a dilatation of the hæmorrhoidal veins. Such dilatation may be idiopathic, when it constitutes a form of varicosis. Far more commonly, however, it is a symptom in the primary radicles and lowest gravitating point of the abdominal venous system of impeded circulation higher up. Since all the veins of the intestinal canal pass by the vena portæ through the liver, this latter organ is very often saddled with the main responsibility of piles. I doubt if the reproach is generally merited. There is no disease in which the portal circulation is so obstructed as cirrhosis of the liver: and yet this malady is rarely associated with piles. I incline to think that in most cases of portal obstruction the overloaded veins relieve themselves by serous effusion, as in cirrhosis, or—more commonly—by intestinal hæmorrhage. I must not, however, be understood to deny that the impediment to the

circulation of which piles are a symptom does sometimes occur in the liver. It is probably in such cases that the anti-hæmorrhoidal virtues of *Podophyllum*, which seem considerable, have displayed themselves.*

2. More frequently, according to my experience, is the delay of the venous current on the hither side of the portal vein. A condition is not uncommonly met with, especially in persons of sedentary habits, of which the old writers made more than we do, and called "abdominal plethora." The patients complain of weight, fulness, and heat in the bowels; the digestion is slow, and the stools delayed; the urine is scanty and pale. With this there is usually a dull headache incapacitating for work; and nearly always piles. It is for these that the patients generally consult us; and the other symptoms come out on examination. The piles are of the "blind" character: they bleed little, but are very annoying by their fulness.

Now it is here that two of our leading remedies for hæmorrhoids display their greatest power. I refer to *Sulphur* and *Nux vomica*. While in many forms of the disease they yield in value to other medicines, here they surpass all. They seem to act better conjointly than when either is given separately. I dislike the practice of alternation extremely, and very rarely follow it. But I must admit that there are cases where what Dr. Madden has felicitously styled "binary Homœopathy" is an operative principle, and where—provisionally at least—we must alternate two remedies. I have only to add that I have seen good results in these cases from both high and low dilutions of *Sulphur* and *Nux*.

3. Next to abdominal plethora stands pelvic congestion as a cause of piles. This operates more frequently, of course, in women than among men. Its symptoms are pretty obvious and need hardly be described. Now for hæmorrhoids arising from this cause the classical—and indeed most homœopathic remedy—is *Aloes*. It is well known that this favorite purgative not unfrequently irritates

* Dr. Bayes has recently highly commended *Hepar sulphuris* in these cases (*Monthly Hom. Review*, June, 1867).

the rectum and anus, causing heat, tenesmus, and even hæmorrhoids themselves. The determination of blood it induces towards the lower bowel extends itself also to the other pelvic viscera, so that the bladder becomes irritated, and menstruation excited. It accordingly displays considerable curative power in hæmorrhoidal affections occurring in women, in connection with pregnancy or deranged uterine health. Recently, *Aloes* has found a rival in this sphere in the form of one of the indigenous American medicines, the *Collinsonia canadensis*. Both from the proving of this drug and from its therapeutic reputation it appears that congestive inertia of the lower bowel is the condition to which it is specifically related. In constipation and hæmorrhoids resulting from this cause I myself prefer *Collinsonia* even to *Aloes*. I give it in the 2nd, 3rd, or 4th decimal dilutions.

4. I come now to the most common of all causes of piles, *constipation*. The rationale of the causation is I suppose the same, *i. e.* obstruction to venous return: but the obstructing agent is of more frequent occurrence. It is rare to meet a long-standing case of constipation where piles are not present. These too are of the "blind" variety, and cause more pain than bleeding.

The means whereby we remove the primary constipation are often sufficient to cure also the resulting hæmorrhoids. But in many cases the trouble is too inveterate to disappear with its exciting cause. Here, if *Sulphur* has not already been used in the treatment of the constipation, it may be given with benefit: as it has a decided influence upon the rectum. But I have rarely seen *Sulphur* cure these cases. They find, I believe, their best remedy in the *Æsculus hippocastanum*. I have narrated one severe and long-standing instance of the malady in this journal (vol. xxiii, p. 250, 485), and there are several more of the same kind in Dr. Hale's article on the drug in his *New Remedies*. I recommend the *Æsculus*, also, in those cases where a few days' constipation will bring on hæmorrhoidal symptoms often of long duration. Two of such I have given at p. 485 of the same volume of the journal. I use the 2nd and 3rd dilutions.

5. Lastly, hæmorrhoids may be *idiopathic*. Without portal, abdominal, or pelvic congestion, and without constipation, piles may be present. I believe this form of hæmorrhoids to be a true varicosis: and it is sometimes associated with the same morbid condition of the veins elsewhere. These are the "bleeding piles" of the popular phraseology: and the amount of blood lost at each evacuation is often very considerable. We have one grand remedy for them: and that is the *Hamamelis virginica*. I have now in my mind at least half-a-dozen cases in which this medicine has proved curative. It would be useless to detail them, as they tell but one story. Hæmorrhage, more or less profuse, occurring with every evacuation for months, or years, with other symptoms of piles: and rapid improvement and complete cure under the use of *Hamamelis*, generally in the 2nd centesimal dilution. I do not remember a case in which it failed.

Other medicines may doubtless be required for unusual forms or special complications of hæmorrhoids. Thus *Aconite* is indispensable for what are called "acute hæmorrhoidal attacks," *i. e.* where the piles become much inflamed. When they project externally, its local application has been found to give much relief. But I believe that nine tenths of the cases we meet with in practice fall into one or other of the five classes I have indicated: and that *Podophyllum*, *Nux* and *Sulphur*, *Aloes* or *Collinsonia*, *Sulphur* or *Æsculus*, and *Hamamelis* will be found respectively their specific remedies.

ON THE ALLOPATHIC AND HOMŒOPATHIC USE OF SPECIFICS.

By Dr. DRYSDALE.

In pursuance of the remarks on Dr. Balfour's book in No. xcix of this Journal, we come upon the following passage at p. 11:

"But these speculative ideas of the nature of disease have exerted little real influence upon medicine as a science—of therapeutics, and still less upon it as a practical art; for, in these respects, medicine has been almost entirely based upon the empirical observation of the action of remedies!"

He further developes with clearness the proposition that pathology alone is insufficient for our guidance in the treatment of the disease with success—a proposition which we may take to be adopted now by the best thinkers in medicine. It is needless to multiply quotations from authorities on this point, but I may cite that of Trousseau on the other proposition, viz. the source from whence our knowledge of the curative powers of our best medicines has hitherto been derived. "Medicine begins by empiricism: it is to pure chance that we owe the discovery of the use of *Cinchona* in intermittent fevers, of *Saffron* in amenorrhœa, of *Burnt sponge* in goître, of *Iron* in chlorosis, and of *Sulphur* in skin diseases" (*Gourbeyre's Lectures*, p. 69.)

Then tacitly admitting that the Homœopathic principle is the only other mode which puts forward direct pretensions to give us the clue, Dr. Balfour says in a note to p. 12:

"As for *Quinine*, inasmuch as the anti-febrile properties of the drug are 'limited to those fevers presenting the character of periodicity' (Christison); and as that is precisely a character never proved to exist in that 'febrile state,' acknowledged by many authors (Pereira, etc.) to be sometimes produced by *Cinchona*, and not included among the 1143 symptoms enumerated in the R. A. M. L. (Bd. iii, page 98) as the results of the proving of *Cinchona*, we may safely conclude that these derive their distinctive value solely from the previous empirical employment of the drug. The use of *Iron* in erysipelas forms another very striking example of the worthlessness of Homœopathic provings; it acts apparently specifically, and 'will do in the majority of cases what no medicine of any other class has yet been found to do, namely, cut short the disease' (De Morgan in Holmes' *System of Surgery*); and this it does 'without derivation or evacuation, by acting quietly and secretly on the immediate seat of disease and on no other part' (Henderson, *Homœopathy Fairly*

Represented, p. 223; *Characteristics of a Homœopathic Specific*); yet it is absolutely useless in infinitesimal or even small doses, and must be given freely till the system is saturated with it. In severe cases an ounce and a half to two ounces a day will be required (De Morgan). Neither have we stolen it from the Homœopathic *Materia Medica*, but have been obliged to stumble on it in our usual so-called hap-hazard manner, as wholly without a clue to its curative powers as if Hahnemann had never been born. The cure of acute rheumatism by the *Actæa racemosa* is another striking example of the inability of both pathology and Homœopathy as guides to treatment."

The matter is here brought to an issue that is really remarkable; neither pathology nor Homœopathy are of any use as guides to treatment; of course this is not meant absolutely, but in comparison with chance-begotten knowledge of specifics. It is implied that the Homœopathic law does not harmonise with the previously known specifics, and that by its means *no* new specifics have been revealed. For to say that, with the present small number of Homœopathic provers and extremely defective state of the *Materia Medica*, it has not anticipated *all* the specifics added to medicine since its discovery may be to state a fact not worth while to question, but that it is an argument in any sense of the word I am at a loss to see. That almost every one of the medicines in ordinary use, confessedly specific, or really acting so under the names of tonics, alteratives, &c., is homœopathic to the disease cured, has been proved again and again in the standard and periodical homœopathic works by quotations from the general literature of medicine. But as this subject would require whole chapters to itself I cannot enter on it here. Then as to the question, has Homœopathy added nothing to the specifics possessed by medicine? I might simply point to that splendid series of hospital results of the treatment of acute diseases, all with remedies whose use was not known before Hahnemann's method, and discovered solely through the Homœopathic law by the physiological provings, viz. acute inflammation of all organs and tissues, such as pneumonia, pleurisy, peritonitis,

meningitis, angina, croup, catarrhs, dysentery, inflammatory and other fevers, also jaundice, hæmorrhages, &c. The remedies being *Aconite*, *Bryonia*, *Belladonna*, *Phosphorus*, *Arsenic*, *Spongia*, *Sulphur*, *Nux vomica*, *Rhus*, *Arnica*, &c. &c. These afford an absolute answer to the question, but would be objected to by a mere partisan or sectarian controversialist on the ground that the use of these specifics implies certain peculiarities in dose and the mode of choice of the remedy, which are different from the common routine and do not come within the scope of his experience. This may be perfectly true, but does not constitute an argument, unless it can be shown that all the possible modes of action of medicines are already known, and that the doses of specifics already in common use are so accurately fixed as to determine the limit of dose for all subsequently discovered specifics. Nobody has ventured plainly to assert this, though a vague notion of the kind no doubt underlies the unwillingness of the majority to look into the specialities of Homœopathic practice; and the real meaning of Dr. Balfour's challenge is narrowed down into the discovery of specifics which can be used without any additional trouble to the practitioner, or any notable change in the routine of practice. Philosophy acknowledges no such limitations, nor does it brook, in any degree, the pretension that a newly discovered truth should harmonise with the prevalent speculative notions existing at the time. Nevertheless, admitting the Homœopathic to be the law of specifics, and that through its means a number of new specifics have been added to medicine, and, in fact, a specific method of treatment inaugurated; and admitting that it can explain the action of all, or nearly all, specifics empirically discovered previously, at least as far as species or classes of disease are concerned; yet there still remains to be explained the considerable difference that exists practically between the two schools in the mode of use of such specifics as are common to both, and the results obtained. To do this rightly it will be necessary to abandon controversy and take up the philosophic aspect of the subject. I will therefore merely use the questions raised by Dr. Balfour as the text

for an inquiry how far we can reconcile the apparent discrepancy between the old facts and the new theory of specifics. We must first assume that, with the exception of any chemical or antiparasitic or other power of acting on and removing the exciting cause of disease, all medicines must act on disease in virtue of any physiological action on the healthy body they may possess. A complete knowledge of this is therefore the first thing to be obtained, and according to our success in referring its curative powers to any of its physiological actions, can we be said to explain the action of a medicine in disease. A *Materia Medica* in this abstract or philosophic sense is neither more nor less than the pathology and semeiology of the effects of medicinal agents on the healthy body wholly without reference to any use we may make of these effects in therapeutics. Such a *Materia Medica* also belongs to no school or sect or party, though all may, and indeed must, find in it the basis of their several procedures. Philosophy admits of no *à priori* exclusive preference of any one relation of *Materia Medica* to therapeutics, nor, indeed, that any one, even the least important action of a medicine, is to be thrown into the dustbin of nature, and in the infinite complexity of human ailments pronounced to be never usable: she recognises not the existence of sects or parties in medicine, though the word Homœopathic may be with propriety used to express one relationship between the physiological and therapeutic effects of medicines, and Allopathic to express all other relationships. In this abstract sense, therefore, I will use these words, and endeavour to avoid as far as possible all party feeling and prejudice.

The school at present dominant may be described as a system of rational empiricism in which medicines whose properties are known only empirically are used under the guidance of pathological knowledge as far as possible. But it still acknowledges a small number of medicines whose action is quite inexplicable, and which give a curious countenance to the principle of Homœopathy. These, however, occupy much the same position as that held in natural history by fossils before geology rose into a science. On

the other hand, in the Homœopathic school, as these curious fossils have expanded into geology, so the specifics have expanded into a leading principle of practical medicine, and now occupy the great bulk of practical therapeutics, while all the other actions of medicines merely occupy the position of auxiliaries to be used when specifics are not applicable from the nature of things, or to remove obstacles in the way of specific treatment. It behoves us, therefore, first to inquire what is a specific?

It would lead us too far to go into all the answers that have been given to the question, what is a specific? but the tendency of modern medicine may be fairly described as endeavouring to rescue as much as possible the action of medicines from the original empirical and, indeed, vulgar notion that they were simply curative for certain diseases in all cases, and unconditionally and without our knowing why and wherefore. Much has been done by the advance of our knowledge of disease in referring their action to the general powers of medicine, and in defining the conditions under which they can be rationally expected to do good; and it is evidently the hope of most systematic writers on *Materia Medica* and therapeutics that ultimately the whole class of specifics will be done away with by their action being explained.

Such a hope is, however, chimerical, unless we frankly recognise their existence and then endeavour to discover the law connecting their curative power in disease with the peculiar physiological actions of medicines analogous to natural diseases, and therefore no more capable of classification than these. At present the greater part of the supposed explanations of the action of specifics consist in mainly inventing new names, such as catalytics, alteratives, &c., which partially describe their action but explain nothing at all. The first step is therefore to recognise their existence through the means of a definition by exclusion.

I may first quote the words of Sydenham on this point from p. 21 of the Syd Soc. edition of his works, vol. 1:

After stating that the third desideratum in medicine is "the

discovery of specific remedies" both in acute and chronic diseases, he goes on to say—"In overcoming a chronic disease he has the best and truest claim to the name of physician who is in possession of the medicine that shall destroy the species of the disease; not he who merely substitutes one primary or secondary quality for another. This he can do without extinguishing the species at all; *i. e.* a gouty patient may be cooled or heated, as the case may be, and his gout continue unconquered. This method of merely introducing different qualities can no more effect the direct destruction of specific diseases than a sword can quench a flame. What can be done by cold, or heat, or wet, or dry, or by any of the secondary qualities that depend upon them, against a disease whose essence consists in none of them?

"23. Any one who objects to me that a sufficiency of specific remedies is already known to the world, will, upon a due consideration of the subject, take the same view with myself. I am sure of this, since the only medicine that supports his doctrine is the *Peruvian bark*. Medicines that specifically answer to the indications of treatment, and medicines that specifically cure diseases, are as wide as the poles asunder. In the first case we satisfy the curative indications and drive away the ailment; in the second we take no cognisance of the indication or intention at all, whilst we destroy the disease directly and immediately. For instance, *Mercury* and *Sarsaparilla* are commonly called specifics in syphilis; nevertheless, they are no proper and direct specifics at all, nor will they be considered as such until it be shown, by cogent and irrefragable proofs, that the one produces its beneficial effects without salivation, and the other without diaphoresis. In this way many different diseases are cured by their different appropriate evacuations; but it is the evacuation that performs the cure, the medicine being specific to the evacuation. To the disease itself, self-sufficiently and directly, they are no more specific than a lancet is specific to a pleurisy."

From this we learn that a specific is a remedy that *cures without evacuation*. This would exclude a large class of the actions of medicines, but still there would remain narcotics, stimulants, and derivatives. But Sydenham is still more restrictive, for a specific must directly "destroy the species of the disease," and that, too, not by "introducing

different qualities" * * * "against a disease whose essence consists in none of them." So that the action of the specific must be of a similar nature to the species of the disease. Really this comes very near to the Homœopathic conception of a specific! But the whole paragraph is so pregnant and suggestive that I shall have to recur to it frequently.

The definition of Professor Henderson (*Homœopathy Fairly Represented*, p. 223) is more full, but scarcely so restrictive as that of Sydenham. It is "specifics, that is substances which produce their curative effects without derivation or evacuation, by acting quietly and secretly on the immediate seat of the disease, and no other part."

Now, in a definition by exclusion it is not necessary to presume the knowledge of the physiological action of specifics; yet if we know that to be Homœopathic, we may test the definition by trying how far it and the Homœopathic law harmonise. Up to 1808 Hahnemann "employed almost exclusively the word specific to designate his system, and after the latter date we meet with the term Homœopathic, but often in combination with specific, as specific-homœopathic or homœopathic-specific." *Dudgeon's Lectures*, p. 51.

Most Homœopaths do not trouble themselves about this question, but simply define specifics to be Homœopathic remedies, and that whoever used them, before or since, empirically or under any theory, were simply using Homœopathic remedies. On looking into the matter more closely, however, we find a difficulty which is not explained by that view, for the empirical use of specifics differs in some important points from the Homœopathic, even when it comes quite under Professor Henderson's definition of "acting on the immediate seat of the disease without evacuation or derivation."

I propose therefore the following definition, which would admit the Homœopathic theory and be sufficiently restrictive. *A specific is a remedy which cures by the absorption of its whole physiological into its therapeutic action.* This definition excludes all evacuants, derivatives, stimulants, nar-

cotics, &c., while at the same time it enables us to discriminate what is specific in the action of tonics, alteratives, astringents, neurotics, &c., from what may depend on some such physiological power as these names would imply.

Of course we cannot here speak of such presumed classes of medicines as anti-phlogistics, anti-periodics, anti-spasmodics, anti-pyretics, &c., as these very names beg the whole question ; for the states alluded to have no existence in the healthy body, and the question is, what action of the drug on the healthy body enables it to cure them when present ?

It will be found that there are several degrees of specificity, though all are included within the Homœopathic law, which will explain both those actions of medicines as yet exclusively used in Homœopathic practice and those specific actions empirically used before and since the discovery of the Homœopathic law.

To show the true bearing of the Homœopathic law on the doctrine of specifics, let us study closely the action of one medicine acknowledged as specific for the same disease by both schools. We cannot choose one more appropriate than *Cinchona*, as we can, at the same time, follow the footsteps of Hahnemann in the gradual development of the Homœopathic theory. In a complete treatise on this subject it would be necessary to go over exactly the same ground as Dr. Langheinz, of Darmstadt. But as his elaborate essay has appeared so recently in this Journal (April and July, 1866), I shall merely allude summarily to the position and arguments in that paper, referring to the article itself for details. It is necessary, however, to give here in full all the utterances of Hahnemann himself on the question. The first is the celebrated note to Cullen's *Materia Medica* in 1790.

“ By combining the strongest bitters and the strongest astringents one can obtain a compound which in smaller dose possesses much more of both those properties than the *Bark*, and yet no specific for fever will ever come of such a compound. This the author (Cullen) ought to have accounted for. The missing principle of *Bark* which would explain its action, will not be so

easily discovered. Substances which excite a kind of fever (as very strong coffee, pepper, *Aconite*, *Ignatia*, *Arsenic*) extinguish the types of fever. I took by way of experiment, twice a day, four drachms of good *China*.

"My feet, finger ends, etc., at first became cold; I grew languid and drowsy; then my heart began to palpitate, and my pulse grew hard and small; intolerable anxiety, trembling (but without cold rigor), prostration throughout all my limbs; then pulsation in my head, redness of my cheeks, thirst, and, in short, all those symptoms which are ordinarily characteristic of intermittent fever, made their appearance one after another, yet without the peculiar chilly rigor. Briefly, even those symptoms which are of regular occurrence, and especially characteristic—as the stupidity of mind, the kind of rigidity in all the limbs, but, above all, the numb, disagreeable sensation which seems to have its seat in the periosteum, over every bone in the body—all these make their appearance. This paroxysm lasted two or three hours each time, and recurred if I repeated the dose, not otherwise. I discontinued it, and was in good health."

Then follow two other notes to the same work still in 1790.

"Had he (Cullen) found traces in *Bark* of a power to excite an artificial antagonistic fever, he certainly would not have persisted so obstinately in his mode of explanation."

"How comes it that the effects of *Bark* are so shortlived, as is indeed the case, if it be not true that *Bark*, besides the astringent and tonic bitter properties ascribed to it by writers, especially by the author (Cullen), possesses another power (that of exciting fever of a peculiar kind)?"

The next reference to the subject is in a note to the translation of Dr. Munro's *Chemico-Pharmaceutical Mat. Medica*, published at Leipzig in 1791.

To Munro's remark that ague could be cured by 2 oz. of *Bark* a day for two or three days, after smaller doses daily for a month had failed, he says:

"Nor is this quantity necessary. The patient is not overloaded, and an equally good result is attained in regular inter-

mittent fever if, shortly before the expected attack, one or two good doses be administered; for instance, two hours, and one hour before the approach of the paroxysm, from one and a half to two drachms in each dose of good *Bark* in substance. All previous doses given long before the attack are of little or no avail in checking it. Should the first attack not appear, then let the same treatment be followed with respect to the second, and reduce the dose to half at the time the third may be expected. If, as Cullen and others suppose, the anti-pyretic power of *Bark* proceeded from its tonic properties, it would be more to be depended on to cure intermittent fever in the first mode of exhibition than in the second, since the system must be certainly more strengthened by taking ten ounces in a month than by taking one or two ounces in five or six doses immediately before the attack; but this is not the case. If, however, my opinion, more circumstantially worked out in the remarks on Cullen's *Materia Medica*, be admitted, 'that the *Bark*, besides its tonic property, overrules and subdues intermittent fever by exciting a fever peculiar to itself of short duration,' then it will not be difficult to solve this paradox."

This is interesting, as throwing light on Hahnemann's view of the difference between the Homœopathic and Allopathic action of specifics; for he says afterwards, in the *Mat. Med.*, p. 116, that for the cure of those agues to which *Cinchona* is the true remedy, you must give the small dose immediately after the paroxysm; whereas, to suppress those to which it is not really curative, the ordinary practitioner gives larger doses before the paroxysm. This note anticipates almost to the letter the practice of Bretonneau, as we shall see.

The next notice we find is in Hahnemann's *Essay on a New Principle for ascertaining the Curative Powers of Drugs*, published in *Hufeland's Journal* in 1796 (see *Lesser Writings*, p. 314). Hahnemann's words are—"In my additions to Cullen's *Materia Medica* I have already observed that *Bark*, given in large doses to sensitive, yet healthy individuals, produces a true attack of fever very similar to the intermittent fever, and for this reason, *probably*, it overpowers

and thus cures the latter. Now, after mature experience, I add, not only *probably*, but quite *certainly*."

We come now to the *Fragmenta de viribus Medicamentorum*, published in 1805. To our surprise we find here nothing at all bearing on the subject now in question, nor indeed any reference to therapeutics at all. The article on *Cinchona* is a list of 122 symptoms observed by himself, with an appendix of some collected from others exactly in the style of his *Materia Medica* published later, and every one of which symptoms is included verbatim in the article *Cinchona* in the *Materia Medica*. The total duration of its action is here given as twenty hours. There are several symptoms of fever, but they are all separated, as in the *Materia Medica*, which renders it impossible to say whether they formed a complete paroxysm of fever, far less recurrent paroxysms. It is evident that by this time his theory of the mode of practically applying the principle of similarity was matured, and he no longer cared to preserve the narrative form of his experiments—an unfortunate omission which has greatly retarded the progress of Homœopathy, as it hinders any one from repeating them exactly in the same way, which nevertheless he frequently calls upon his contemporaries and posterity to do. What is even more singular, the above primal experiment given in the note to Cullen is not incorporated in this article, either as a complete narrative or divided in any way. I have carefully compared it with the Latin list of symptoms divided in every possible way, and cannot identify the shortest paragraph with the symptoms in the list. I have done the same with the complete article in the *Materia Medica*, and with the same result. What the cause of this omission is I cannot conjecture, as the source of such knowledge must have been very scanty, but the omission itself is a great loss, as it deprives us of the only chance of finding out his mode of arranging the phenomena as separate paragraphs by comparison with a published document. For the MSS. of all the diaries of his own and disciples' provings have been destroyed as far as is known.

He now recurs to the subject on the next occasion in

which *Cinchona* is mentioned, viz. in the well-known letter to Hufeland in 1808 (*Lesser Writings*, p. 585).

“‘If I am not deceived,’ I thought further, ‘such is really the case; otherwise, how was it that those violent tertian and quotidian fevers which I completely cured four and six weeks ago, without knowing how the cure was effected, by means of a *few drops of Cinchona tincture*, should present almost exactly the same array of symptoms which I observed in myself *yesterday and to-day* after gradually taking, while in perfect health, four drachms of good *Cinchona bark*, by way of experiment?’”

This would seem to imply a step farther; for not only was the “array of (*Cinchona*) symptoms almost exactly the same” as those of the agues, but they occurred on two days in succession. There is some ambiguity here about the repetition of the dose. The expression in the original is “da ich, gesunderweise, vier Quentchen gute Chinarinde, versuchshalber, allmählig eingenommen habe,” which may mean, as Dr. Dudgeon thinks, “after gradually taking,” or it may mean whilst gradually taking, *i. e.* two doses each day, or in any other gradual way. We have also no means of knowing certainly whether he refers to the Cullen experiment or not; but the dose, at any rate, does not correspond, and the expression to-day and yesterday can hardly apply to what took place eighteen years before. He might have, however, been speaking figuratively of two successive days and quoting from memory. In the Cullen experiment he took four drachms of *Bark* twice a day, but does not say for how many days, and certainly implies that as long as he took it the febrile symptoms recurred. In his criticism, Langheinz overlooks the positive statement in the Hufeland letter that the febrile symptoms recurred next day; and allows no value as evidence of periodicity to the statement, “this paroxysm recurred if I repeated the dose, not otherwise.”

I would desire to call attention likewise to the dose here mentioned, viz. “a few drops of the tincture,” which is far removed both from his former doses and those subsequently recommended in the *Materia Medica*, viz. a quadrillionth of a grain.

Two years after this, viz. in 1810, was published the first edition of the *Organon*, and in it at paragraph 32 he says :

“The tincture of one ounce of *Peruvian bark*, with two pounds of water, taken gradually night and day, as surely produces a *Cinchona* fever of several days, as the exposure to a fenny atmosphere in autumn brings on an ordinary intermittent fever.”

In consequence of this statement Professor Jörg tried the experiment on six persons, and with negative results as far as the production of fever is concerned, and concluded that Hahnemann's statement was unfounded, which conclusion was shared by the majority of medical men ; though no one took the trouble to ascertain how many, or if any, of the six would have taken intermittent fever from exposure to a fenny atmosphere for two to five days—the duration of these experiments. Nevertheless, there seems to remain a belief in general medical literature that Hahnemann asserted that *Cinchona* produced intermittent fever, and upon that fact was founded the whole fabric of the Homœopathic theory. Now Dr. Langheinz does good service in his critical inquiry into the subject by first directing attention to the *ipsissima verba* of Hahnemann, as given above, and from these it is plain that he did not say in words that it produced ague, but “a fever of a peculiar kind,” or an “antagonistic fever,” or “an array of symptoms like those of intermittent fever,” or “a *Cinchona* fever.” It was not till 1825 that he applies the term intermittent fever to his action of *Cinchona*, but that was in the celebrated note, which may be called his song of triumph, when he compares himself to Harvey. But I do not think anything of that, as his theory was then explained, and it was no question then of verbal distinctions. In fact, it is pretty plain that Hahnemann's original idea was that the power of producing an artificial antagonistic fever was the secret of the specific action of the drug, and he seemed to pay little or no heed to the question of periodicity which, strangely enough, is put exclusively into the foreground by the theorists of this day, while the fever-exciting power (now no longer to be denied, in spite of Jörg's

negative evidence), is passed by in silence in the attempts to explain the action of this medicine. Now Langheinz, in his extreme desire for impartiality as a critic, goes, I think, too far. He tests the Cullen experiment (see p. 437) sentence by sentence, by comparing it with standard works on Semeiology, and proves that it is not a crucial example of a paroxysm of ague, that some of the chief elements are wanting, and especially the periodicity; so it might have been a good many things, but of these, among the least likely, an ague paroxysm; and on the whole, in his opinion, most likely it was nothing but a feverish state from swallowing such a lot of indigestible woody fibre in the doses of *Bark*—a *febris gastrica suburralis*. This, I think, is rather far-fetched. It is true Langheinz very properly remarks, as Dr. Henderson and others have done before him: it does not matter for the subsequent theory of Homœopathy whether it was correctly viewed as an ague paroxysm or not. It was sufficient that the hypothesis of *Similia similibus* was struck upon by this observation, and whether it was a case in point or not, the theory was amply proved by subsequent unimpeachable experiments: just as the original experiment of Galvani was wrongly interpreted by him, though it led to the discovery of the true nature of the phenomenon by Volta. But I think Hahnemann's interpretation of the Cullen experiment was not only not wrong, but it is the most probable one, and harmonises best with what we now know of similar provings on the healthy body, and therefore it is not by explaining it away, and looking for more complete representatives of the concrete disease, that we can understand the real analogy between the provings of medicines and natural diseases. In fact, this is about as near as we ever get, in a single proving, to the resemblance to any disease at all of a specific nature; the whole picture of the disease must be gathered together in fragments contributed by many—often very many—different provers. In the above experiment Langheinz thinks the group of symptoms more probably depended on the gastric derangement, but he gives no good reason for this; on the contrary, in the very experiments he quotes from Jörg,

four of the provers, took the solid *Bark* in the same way as Hahnemann, but not one of them had the suburnal fever any more than the other peculiar fever. Besides, an indigestion sufficient to produce febrile symptoms is a disease not to be produced daily at will by a dose of powdered wood, leaving the patient well in a few hours. Again, Hahnemann was of a sensitive frame and a fine observer, and the quantity of *Bark* was sufficient to act perceptibly on such a person.

It has been found, by comparative experiments by Bretonneau and Trousseau, that the complete *Bark* is far more powerful as a febrifuge than its equivalent percentage of *Quinine*. Thus 8 grammes ($\frac{1}{4}$ oz.) of *Bark* are very efficacious as a febrifuge, and these contain equivalent to 25 centigrammes of *Sulphate of quinine*. But it requires 75 centigrammes to 1 gramme (11 to $15\frac{1}{2}$ grs.) of *Sulph. quin.* to produce the same febrifuge effect, *i. e.* the equivalent of 32 grammes = an oz. of *Bark*. Now Hahnemann took 4 drachms twice a-day—a quantity that makes it probable the specific power would predominate over the mere indigestible effect of the woody fibre.

Not only the fever, but the periodicity is far too lightly disposed of by Langheinz. The Cullen experiment evidently implies that the fever paroxysm was repeated more than once, and Langheinz thinks this means nothing, because the dose was repeated; while he takes no notice of the Hufeland experiment, where it is expressly stated that the same array of symptoms returned on two successive days, while in the *Organon* experiment, which no doubt was founded on Hahnemann's own observation, the *Cinchona* fever is said to last several days. Now the repetition of the dose is well known to be necessary to call forth the more special effects of drugs, and in the above experiments it is expressly stated that the *Bark* was taken gradually—night and day, as stated in the last—and the symptoms made their appearance to a certain extent irrespective of the time of the dose, not like an emetic or a purgative, whose effects can be repeated at will. So that we may conclude there was probably a certain periodicity in Hahnemann's symptoms, though he says nothing special

about that, and it is a phenomenon difficult to demonstrate when we must necessarily repeat separate doses. How different are the conditions of the natural disease! There the patient is immersed in an air-bath of the poison which he inhales with every breath for an indefinite time, viz. the incubatory or latent stage, during which the poison is occupied we know not how, but probably consuming the vital irritability of the tissues, and preparing the cachexia, which finally manifests itself in the paroxysms. To find, therefore, any analogy between the effects of a drug given in our imperfect way and such a natural process, must be extremely difficult. It requires a much more minute analysis of the elements of diseased states, and more accurate discrimination of their essential differences. This was gradually forced upon Hahnemann during the fifteen years that elapsed between the Cullen experiment and the publication of the *Fragmenta*, and it is into this we shall be compelled to follow him if we wish to understand the real meaning of the Homœopathic principle. It is a patent fact that none of our drugs can produce any special concrete disease, such as intermittent fever, typhus, pneumonia, hooping-cough, &c. To what extent, then, can we expect their physiological action to resemble those diseases so as to be applied Homœopathically in their cure? is the inquiry on which we must now enter, before the evidence of the Homœopathic action of *Cinchona* in ague and other diseases can be discussed.

(*To be continued.*)

BATHS OF PFEFFERS.

By R. TUTHILL MASSEY, M.D.

DESCENDING from the Hotel du Rigi-Koulm one cold morning in last August, greatly disappointed, with many others, at not having seen either a sunset or sunrise after our

long walk up, a gentleman who joined our party urged us to make a pilgrimage to Bad Pfäfers and the falls of the Rhine, which we did by starting early on the following morning from Lucerne; and as I have been thus led to visit one of the most wonderful places in Switzerland, as well as one of the grandest European waterfalls, I may as well direct the attention of my medical colleagues who are about to meet at the French Homœopathic Congress in Paris, on the 9th of next August, to what is worthy of a visit in a medical point. The old baths of Pfeffers are reached from Ragatz by following the new line of road which is cut here and there from the solid rock in the deep ravine through which the rushing, roaring Tamina flows to join the waters of the Upper Rhine. This walk is truly grand, and is much safer on foot than in a carriage, as fragments of rock frequently come tumbling down from the precipitous limestone boundary, which rises from 700 to 800 feet high on each side. About half way up this road, and passing through the stone arch, we reached that fatal spot where the carriage and horse with three ladies were precipitated into the swollen river. The driver escaped with his life and fled up into the mountain; when found, he could give no account of the accident, and up to the time of my visit his mind was not restored. I remained from Thursday until Monday enjoying the baths; the water is light as that of Boa Lake and limpid, clear as crystal, without taste or smell, as it pours constantly night and day through the white-tiled baths. It was fashionable to sit under this flowing stream for six and twelve hours, but now the doctor does not prescribe longer than one or two hours twice a day. I generally entered the bath at 6 in the morning for an hour, and 6 p.m. for an hour. After the thermal I generally turned on the cold water for a few minutes, and then drank a tumbler of the spring at the temperature of 98 Fahr. This water does not produce any unpleasant feeling either in the stomach or intestinal canal, but it has the property of removing rheumatic pains, neuralgic sufferings, skin diseases, and according to some, "It is a panacea for the whole range of therapeutics." The medicinal properties of this water

are in a state of extreme dilution, and said to resemble the Homœopathic subdivision of matter ; I therefore subjoin the last analysis :

On doit à Mr. le Dr. Lœwig, professeur de chimie à l'université de Zurich, la dernière analyse (faite en 1841) de l'eau thermale, telle qu'elle coule à Pfæfers et à Ragatz. Suivant lui, les principes constituants sont, sur 10,000 parties d'eau :

Chlorure de sodium	0.515,400 parties.
Chlorure de potassium	0.030,000 „
Bromure de sodium	0.000,540 „
Iodure de sodium	0.002,184 „
Sulfate de soude	0.092,100 „
Sulfate de magnésie	0.197,000 „
Sulfate de chaux	0.073,000 „
Carbonate de chaux	1.422,000 „
Carbonate de magnésie	0.292,000 „
Oxide d'aluminium	0.011,000 „
Oxide de fer	0.009,000 „
Acide silicique avec traces de sulfate de baryte de silicate de chaux de silicate d'alumine de silicate de magnésie	0.155,000 „
Matières organiques	0.110,000 „
<hr/>	
2.909,224 parties.	

When kept for years it has left no deposit.

The baths and the buildings have a gloomy monastic appearance until the visitor gets accustomed to the deeply arched and long corridors, measuring a promenade of eight hundred feet, and then the large drinking hall where the patients, chiefly the poor ones, who are sent from the Canton of St. Gall, crippled and tortured by disease, creep about on crutches and sticks. Among them moved a fine old grey-bearded Capuchin monk, with his long robe secured with a twisted rope encircling his waist, a patient among the others, perhaps from some indiscretions in diet and

exercise, for he measured a goodly width, like "the monks of old," and indeed was the only enlivening object among the morning group buried in the deep damp ravine, with the constant roaring of the noisy Tamina beating the torn rocks on which the sun's rays had never played. Even in the height of summer the most favoured part of this gorge is only lighted and warmed by this heavenly orb from four to six hours, yet this unpromising spot is

"A fountain of health in the bosom of horror ;"

for before the season is over the crutches and sticks go flying down the Tamina, and the patients ascend the hills and breathe the Alpine air on high.

The great performance for all visitors is to see "*La source*," which is not the formidable affair it was when the celebrated Dr. James Johnson made his pilgrimage hither ; now, with an umbrella, it can be reached without any risk to life, limb, or clothing. The march is along a wooden scaffolding secured to the solid rock, on the outer side wooden pipes, made from the bored pine, covering the water from *La source* to the baths, and on for three miles to the baths of Ragatz, where the chief English and Swiss families stay at a first class hotel with all the luxuries of life ; but I cannot venture to describe the different feelings produced in my mind by this miracle of nature, by this awfully grand cavern of overhanging rock, by the roaring of this angry torrent, and by the twilight breaking in on our advance. I can only say, go and see it for yourselves, and wonder how maladies yield to your opposed views.

With a letter of introduction to the Governor-Director, Dr. Frinn, I ascended for about 800 feet to the Abbey of Pfeffers, which is now "*converted* into a lunatic asylum" by the Government of St. Gall. The reception-room is of grand old oak, wonderfully carved, commanding beautiful views, including a small cascade close by. The room contained the history of eighty Benedictine Abbots who ruled as princes and lived like priests on the fat of the land, leaving their monuments like the great Cardinal Wolsey, everywhere around ; how changed ! A painting of some merit

hung over the piano, the work of a lady-lunatic : it was the head of a boy ; the eyes contained a wildness not natural. Among the many retreats which I have visited, this Abbey surpassed them all in novelty, cleanliness, and comfort : no restraint ; so little fear had the good kind doctor, that he submitted to be embraced and kissed on the cheek by a rather violent patient on our leaving one of the male wards. As we entered the billiard-room, he introduced me to a mad Englishman, who told me he was come to pass a fortnight in the building, and really, in conversation would have quite baffled me were it not for a treacherous glance which now and then escaped from his eye. The patient's room opened freely into the fine airy corridors with massive arches, all particularly neat and clean, not a cobweb to be seen on the whitened walls, or even a crumb on the polished floor ; the patients, too, looked well cared for. One young woman afflicted with melancholy madness, eyes filled with sorrow, without a ray of hope to lighten them, gave me a thrill of sadness as I looked on her sitting resigned to cruel fate. Those bright black eyes now half in tears, often laughed in girlhood's joyous hours ; she is still good-looking, her cheeks are rosy, her hair raven black. I cannot understand that look of sorrow, it haunts me now, and makes me wonder why it has not turned that dark hair and paled those cheeks, or broken that heart whose tenderness still lives : would that our art could teach us how to

“ Pluck from the memory a rooted sorrow.”

But I have wandered from my subject, for I only promised a few sheets on Bad Pfäfers : however, I must not so abruptly leave Dr. Frinn, he has now unlocked a cell on our way to the bath-room down below ; before us stands a priest in a padded room, literally wild with madness, dressed in his black sacerdotal garments. I dread mad priests : when a boy once frightened me on my first visit to a lunatic asylum ; as the keeper entered the outer walk, this priest was kicking a poor idiot boy (matters were not arranged as now), and he thrust out the longest human tongue I have ever seen at me and the keeper. I must not leave the

Abbey without mentioning a bed which is used for uncleanly patients, and to which the doctor drew my particular attention, a simple mattress, with one third in the centre covered with waterproof, lowered gradually towards the centre and carried through an opening about the size of an orange, terminating on the opposite side in a tin funnel-shaped tube, which is received into a vessel under the bedstead.

As this information is chiefly medical, I need offer no apology for thus allowing my pen to run on.

“CONTRARIA CONTRARIIS.”

By Dr. HENRY R. MADDEN.

SURELY there is much misconception afloat concerning this mode of treating disease, and if so, it may well repay us to examine a little carefully into the subject. To correct error is in itself a good thing; and to clear our views on cloudy and doubtful points is a necessary step in our advance towards the truth.

Hahnemann tells us that the principle of enantiopathic treatment “is the very one (the exact contrary of the right one) that ought most to have been avoided.” Whereas Dr. Dudgeon in his lectures gives as his own and Dr. Clotar Müller’s opinion, that the principle of *similia similibus* is merely “our guide to the selection of a remedy, but that it by no means expresses the part that remedy performs in relation to disease”—“its action, in fact, may be the *opposite* of the actual condition of the diseased part.”

As regards this latter view, I have held it for many years, and I am more and more convinced that our law of similars does not express or explain the *law of cure*, but the *law of selection*.

If one desired to characterise in a single word the grand distinction between us and the old school of medicine, I should select the word *precision*. Our method of selecting

medicines is essentially *precise* and *direct*. We do not treat our cases merely according to general principles, herding all similar diseases together like a flock of sheep ; on the contrary, we first precisionise and individualise our cases, and then, equally precisely, we select our drugs. One point we insist upon, and without it we are no longer homœopathists, *there must exist a specific relation between the drug action and the diseased condition*. The question then comes to be : How are we to arrive at the knowledge of this specific relationship ? and having answered this, as usual, by referring to the only certain method, viz. “by provings on the healthy body,” the next question comes : How are we to utilise the result of these provings ? Large and extended experience has long since shown that *similarity of symptoms* between the drug action and the diseased condition is by far the most frequent, the most satisfactory, and the safest guide to the selection of the remedy. One question however still remains : “Are we never to apply remedies enantiopathically ?” and it is to this very question that I am desirous of directing attention. And on this point I shall show, 1st. That we frequently do apply our drugs after this fashion, or at least the evidence is as strong in favour of the “contrary” as of the “similar” action. 2nd. That remedies avowedly given enantiopathically are capable of curing disease, *tuto, cito et jucunde* ; and 3rdly, I shall endeavour to show that the difference between the two methods, viz. “*contraria contrariis*” and “*similia similibus*,” is much more apparent than real.

1. We frequently do apply our drugs enantiopathically, or at least the evidence is as strong in favour of the “contrary” as of the “similar” action. I will begin with *Aconite*. The essential action of this drug on the capillary circulation is to excite the vaso-motor nerves and thus cause contraction of the vessels. What happens when we give *Aconite* in acute inflammation ? The vessels of the inflamed part are relaxed and distended, and the vaso-motor nerves are, at least relatively, depressed. *Aconite* may therefore be supposed to stimulate these nerves, cause contraction of the dilated vessels, and thus relieve the inflammation ; and if so,

the *Aconite* has acted *enantiopathically*. But I shall of course be told that relaxation of vessels and vaso-motor depression are equally effects of *Aconite*, and that they invariably follow the primary stimulation, and from this standpoint is argued the homœopathicity. Be it so. We conclude, therefore, that there is as much evidence on the one side as the other. At the same time neither party can possibly *prove* their position, until we know a vast deal more than we do at present as to the true law of cure. In the meantime the fact, that full doses of low potencies of *Aconite* frequently repeated are known to be useful and successful in cases of severe inflammation, certainly argues against its secondary "similar," and in favour of its primary "contrary" action as the true curative power in these cases. Let us take *Nux vom.* When we give this drug for hyperæsthesia of the special senses, we can refer to the provings and show that it acts truly homœopathically; but how do we explain its admirable effects upon a weak stomach? We say it tones the muscular coat. Very likely, and if so, it does it *enantiopathically*, for *Nux vom.* causes muscular excitation, advancing to cramp and tetanus. Again, how is it that *Nux. vom.* has won such laurels in the treatment of brainfag? Its action is to cause active congestion and excitement of the brain; but in brainfag there is always cerebral exhaustion, and hence the advocates of "contraria contrariis" explain the utility of *Nux. vom.* in such cases in a manner quite satisfactory to themselves. Let us pass on to *China* or *Quinine*. Who doubts its power as a tonic? and yet how does it act? Its *first* effect even upon persons in health is to "increase the appetite (even to canine hunger); the food appears to be more rapidly digested; the pulse becomes fuller and stronger, and accelerated; the temperature of the surface is elevated, and the processes of sanguification and nutrition are promoted, and other vital functions are moderately stimulated." Who does not in this description see the exact "contrary" to the kind of weakness for which we daily prescribe *China* with excellent results? Of course I shall be told that the continued use of large doses of *Quinine* produces the opposite of all this, and that when

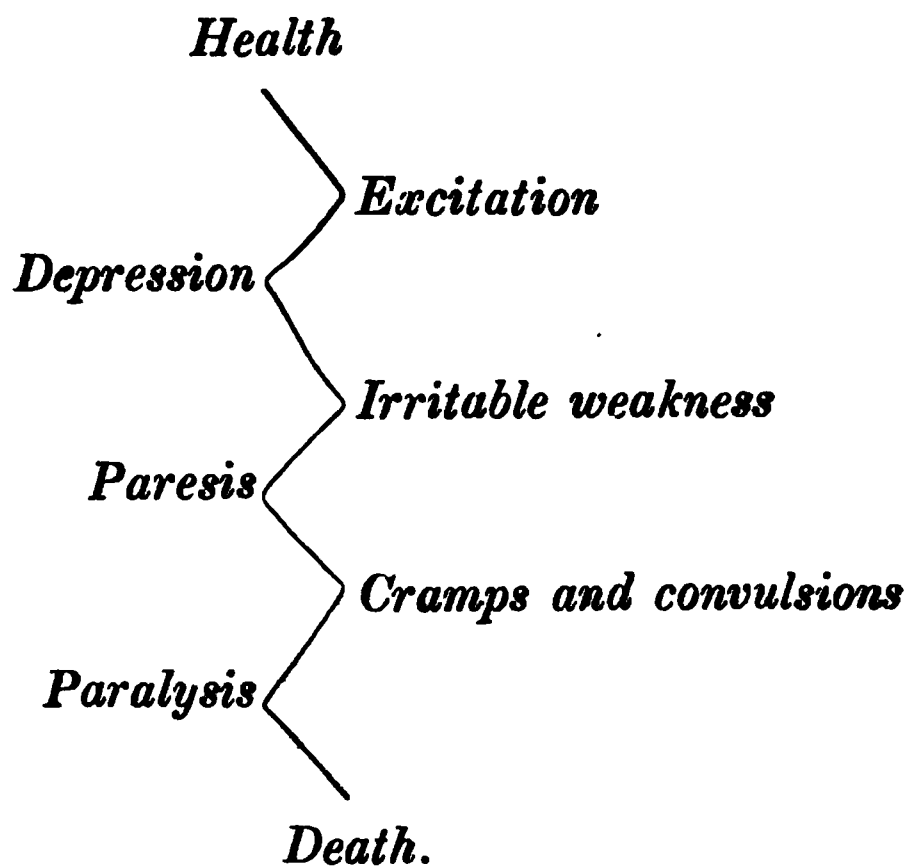
Quinine dyspepsia sets in, it is characterised by the very symptoms which distinguish the cases most benefited by its use. Be it so: then I conclude that the evidence on both sides is equally balanced.

I need not, however, occupy space with detailing further examples, as many will occur to my readers. Neither need I say much upon the second division of the subject, viz. that,

2. Remedies, avowedly given enantiopathically are capable of curing disease, "*tuto, cito et jucunde*." The above examples may of course be quoted in support of this assertion, and all of us who are at all conversant with the practice of the most advanced men of the old school must be well aware that there are a large number of cases which they habitually treat by remedies selected according to the law of contraries, and that their patients recover perfectly satisfactorily. I will merely refer, in passing, to the treatment of bronchial catarrh by mild opiates, and the general management of low and depressed conditions by tonics and stimulants, and will at once proceed to the most interesting and important part of my subject, viz.

3. An endeavour to show that the difference between the two guides for selecting remedies, viz. "*contraria contrariis*" and "*similia similibus*," is much more apparent than real. Of late years many of the leading writers among our Allopathic brethren, especially Drs. Inman, T. K. Chambers, Anstie, and Radcliffe, have shown most clearly that all diseased conditions, whether states of excitement or depression are essentially subvital; and upon this fact they have grounded what Dr. T. K. Chambers calls "*Restorative medicine*." In other words, they assert and prove that a morbid excitation of an organ, quite as much as a morbid depression, indicates a state of lowered vitality. Moreover, Dr. Anstie, in his admirable work *On Stimulants*, has clearly shown that the action of stimulants and narcotics is essentially similar, and that true stimulation only occurs when the drugs are given to those in a lowered condition. Nay, he goes so far as to assert that "*over-stimulation*" is a contradiction in terms,—and that this assertion is true, I

have myself no doubt. Comparing the general conclusions arrived at by these different writers, we may illustrate morbid action in the following way. Starting from the point of physiologically perfect health, we have



Thus we perceive that the line from health to death is marked by alternating steps of apparent excitement and depression, while in truth the descent has been steady and unvarying. In many diseases, and in some cases of poisoning, every step of this downward progress is marked. For instance, in poisoning by *Alcohol*, you often have all the gradations of effect; but, in the majority of instances, the steps on the one or the other side of the direct line of descent are the most manifest, and hence it has been the custom to divide poisons into stimulants and narcotics. Dr. Anstie very properly observes that after true stimulation no recoil occurs; where depression is manifested, the dose has been too large. In other words, confining the term stimulation to the action of a drug on an organ with lowered vitality, the effect is to raise it to its norm, and there it will remain. This is a point of such great importance, and one which helps so much towards a clear understanding of the good effects of medicines, that I shall enter a little closely into it.

In perfect physiological health, every organ of the body

receives its normal amount of nerve force and of blood, and executes its normal amount of work. A healthy balance exists among the functions and all goes well. But in the living microcosm the law of "no work, no pay" holds good with inexorable force, and hence, if any organ becomes functionally depressed, it will receive less nerve-force and less blood (the actual quantity of blood in the vessels of the organ will be greater, but this very excess prevents the exuding of the liquor sanguinis into the intercellular channels, and hence the vital cells are partially starved in the midst of plenty—this fact has been clearly shown by Virchow and others), and hence will become still less able to do its allotted work. In this case give a stimulant, and what is the result? The organ with lowered vitality is enabled to do its proper amount of work, and, as a consequence, it once more receives its normal amount of blood and nerve-force, and, in virtue of this restored supply, it retains its healthy condition. No recoil occurs, because it receives, *after* the medicinal stimulus, the proper quantum of normal stimulus, and hence the effect which was at first produced artificially is continued naturally. Precisely the same line of argument applies to diseased conditions characterised by apparent exaltation of function. If any organ overacts, the balance of function is destroyed and disease results as certainly as when deficient action occurs. In this case the disorder commences in the nervous system of the organ at fault. Claude Bernard and others have clearly shown that increased irritability is a very common consequence of lowered vitality in a nerve; for example, he has shown that if the spinal cord is cut across, hyperæsthesia for a time results *below the section*. In a divided nerve a higher degree of excitability is developed after a time, and the muscles supplied by it have for a time more motive power: the sympathetic nerve also is more excitable for a time after section. Claude Bernard goes on to explain that this excessive irritability is a morbid phenomenon, and is followed by a gradual diminution which progresses even to complete paralysis if the morbid cause be sufficiently powerful. Again, Dr. Anstie expresses the same fact by

saying that morbid increase and diminution of sensation appear equally to depend upon some physiological action of the nervous system which tends to abolish its vital functions.

In connection with this subject it is well to remember that one great distinction between a healthy and a dead organ is that the healthy organ has the power to resist chemical change, while in the dead organ the laws of chemistry reign unchecked. In fact, writers who believe in the correlation of forces assert that "resistance to chemical force" is the form in which force exists in all living bodies, and is that which essentially characterises life. Now, since we know that all manifestation of function is essentially connected with chemical change, and hence necessitates the death of more or less organised matter, it at once becomes evident that a morbid increase of function represents and measures an increased amount of dying matter, or, in other words, shows that "resistance to chemical force" has been lessened. If, therefore, the amount of "resistance to chemical force" is the measure of the vitality of an organ, abnormal increase of function must depend upon *lowered vitality* of the organ.—Q. E. D.

It appears, therefore, that excitation and depression, so far from corresponding to conditions of exalted or lowered vitality, are both equally consequent upon a diminution of vital power, and that an organ in either state equally requires *raising* in order to regain its normal health. We have seen that a stimulant accomplishes this for a depressed organ by enabling it temporarily to do more work, and thus *earn its wages* and reinstate itself in the microcosm. Let us now inquire into the action of a stimulant upon an excited organ, and we shall at once perceive that it will equally prove curative. In the excited organ, we have already seen that the overaction is dependent upon over-excitability of its weakened nerves; here, therefore, the action of the stimulant is expended on the nerves which it stimulates and strengthens, and in this manner removes the over-excitability, and thus reduces the action of the

organ to its norm, where, in the manner already explained, it naturally inclines to remain.

Gathering together all these particulars, at what conclusion must we arrive?

We can at least maintain the following theses:

1. A stimulant applied to a depressed organ will raise it to its norm, and no subsequent depression will result if the dose is not too powerful (*contraria contrariis*).

2. A stimulant applied to an over-excited organ will reduce it to its norm, and no subsequent over-excitation will result if the dose is not too powerful (*similia similibus*).

But carrying our explanation deeper, and keeping in view the close interdependence between nerve and organ, we may maintain,

3. A stimulant raises a depressed organ by directly toning it (*contraria contrariis*); or,

4. A stimulant raises a depressed organ by temporarily weakening its nerves and producing in them a condition of over-excitability (*similia similibus*).

5. A stimulant lowers an over-excited organ, by toning its weakened nerves (*contraria contrariis*); or,

6. A stimulant lowers an over-excited organ by lowering its vitality, and hence reducing its power to respond to nervous impressions (*similia similibus*).

All these theses can most assuredly be maintained, and that too by arguments which will admit of very forcible application. But if so, does it not reduce the difference of *similia similibus* and *contraria contrariis* to a mere logomachy? and could not every cure by similars be explained according to the rule of contraries? and could not all cures by contraries be brought within the pale of the law of similars?

I confess that I can see no other conclusion, and if so, does it not follow that both formulæ may be equally employed as guides to the proper selection of the remedy? This question I will now endeavour to answer.

In a paper which I read before the British Homœopathic

Society a few months ago, I pointed out that practically there were three interpretations of the law of similars.

1st. *The crude simile*, which was content with a mere general resemblance; which held, namely, that diarrhœa should be treated by purgatives, sweating by diaphoretics, vomiting by emetics, and inflammation by irritants.

2nd. *The similis*, which required a physiological accuracy of resemblance between the disease to be cured and the pathogenesis of the drug, which demanded an elective affinity in the drug for the organ diseased, and a positive resemblance between the pathological condition to be cured, and that produced by the drug when given to healthy provers.

3rd. *The similimum*, which required the closest possible resemblance between the symptoms of the disease and those of the drug: which held it to be essential to compare the minutest particulars of every case, with the smallest shades of distinction between the actions of analogous drugs.

I further pointed out that the "crude simile" was often insufficient, while the "similimum" was often unattainable, and hence I concluded that practically the "similis" was the best guide to follow.

Now it seems to me that a somewhat similar distinction appertains to the law of contraries.

1st. *The crude contrary*, which would direct the treatment of constipation by purgatives, of hot and dry skin by sudorifics, of dry cough by expectorants, and of pain by opiates, and which seeks no further into the relation between the drug and the disease. This represents the old practice with all its evils, and this would most frequently lead its followers wrong were it not that, in their ignorance of the physiological action of drugs on the healthy body, they constantly credit to their drugs powers exactly contrary to those they really possess: whereby they call *Hyoscyamus* a sedative, because it soothes their excited patients; *Ipecacuanha* an expectorant, because it relieves and loosens a dry spasmodic cough; *Mercury* a cholagogue, because it rouses a torpid liver; and *Digitalis* a cardiac tonic, because it tones a weak heart. In all these, and hundreds of other of cases, a knowledge of the physiological action of the

drugs tends only to unsettle the minds of the practitioners according to this rule.

But when we come to inquire into the law of *contraries* according to the second interpretation, we enter an entirely different field. If, as in the case of the *similius*, we are not content with mere contrariety of effect, but require an elective affinity between the drug and the diseased organ; then we shall find that we obtain a guide to selection, which will at least frequently, if not always prove useful. For example, a medicine such as *Bromide of potassium*, which has a special affinity for the nervous centres and for the genital organs, causing in both marked depression and anæsthesia, will be found practically useful in two sets of cases, viz., in small doses it will benefit depressed states of these organs, according to the law of similars; and in very excited states of the nervous centres and genitals, as, for example, in acute mania with erotic actions, or in epilepsy accompanied by sexual excitement, full doses will calm the patient and materially aid the treatment. In fact, I have lately witnessed this in a case where our usual remedies, *Bell.*, *Hyos.*, and *Stram.*, proved utterly powerless.

Again, in uterine diseases, if a remedy causes profuse menstruation by a specific action on the ovaries and uterus, and not merely by irritating the rectum or bladder, such a medicine will, in all probability, cure cases both of menorrhagia and amenorrhœa, and the guide to the selection of such a drug will not depend upon the increased or diminished quantity of the menses, but upon the affinity of the drug for the organ primarily affected.

Of course I shall be reminded here that I am claiming at least a partial similarity of action, seeing that there must be an exact correspondence between the elective affinity of the drug and the disease, and this is most certainly the case, but it in no way affects the general argument. All that I have attempted to show in this paper is, that, rightly applied, the law of “contraries” may prove a useful guide in selecting a drug, and the above is, in my opinion, the right application. A little consideration will show that, as regards elective affinity, there must be similarity before there can be

a precisely contrary action, seeing that over-activity of one organ can never be the exact opposite of undue action of some other organ ; and this is all I require to support my argument.

It appears to me that at the present stage of therapeutic inquiry the advanced guard of both schools have arrived at one common stand-point, viz. that drug-medication to be satisfactory must be *direct*—in other words, there must be a special affinity in the drug for the diseased organ. This requirement, I say, is now admitted by the leading thinkers of both schools. But at this point the two schools diverge into what appear to be exactly opposite directions. The Allopath, with his old traditional attachment to the formula of “*contraria contrariis*,” endeavours to explain each cure in accordance with his preconceived notions ; while the Homœopath, with his pious horror of “*antipathy*,” claims every cure as an instance of the law of similars, and if he finds a difficulty in making the case fit, he takes refuge in the convenient term of “*secondarily homœopathic*,” which is just as like “*contraria contrariis*” as anything can well be. An amusing and instructive instance of this has occurred lately respecting the action of *Digitalis* on the heart. Dr. Handfield Jones discovered that beyond a doubt *Digitalis* has the property of toning a weak heart, and he was much perplexed, in consequence, since he had always believed that this poison weakened the heart. He therefore doubted the correctness of his physiological knowledge of the drug, as it seemed to be contradicted by his practical experience—unless, indeed, he was willing to harmonise the two by admitting the truth of the law of similars, which, however, was far too great a concession to be dreamed of. He therefore killed some animals with this poison, and finding “the heart contracted and empty,” he triumphantly points to this and says, “No wonder that *Digitalis* tones a weak heart, since it kills by spasm of that organ.” We, however, do not permit him to enjoy his triumph, for Dr. Hughes and I step in and *prove* that Dr. Handfield Jones was looking on a “dead heart in a living body ;” we maintain that *Digitalis* weakens and *kills the heart* before the animal dies, and that

what Dr. H. Jones saw was in truth *rigor mortis*. Suppose now we call in Dr. C. Radcliffe to decide between us. He calmly points to his experiments and says, "Yes, gentlemen, you are both right and both wrong—for there is really no difference at all in the essential nature of 'spasm' and 'rigor mortis:' both equally depend upon the natural electricity of the muscular fibre being discharged, as, in fact, all muscular contraction does. The only real difference is one, not of kind, but of degree."

Thus then the matter stands, the extremes have met, the circle of our knowledge is complete; and the best thing we can do now is humbly to confess that we in truth know nothing at all about it.

In conclusion, let us hold fast what we really have proved, namely, that *there must exist a specific elective affinity between the drug and the diseased organ before direct medication is possible*. And until such time as we know more about the real meaning of the formulæ "*similia similibus*" and "*contraria contrariis*," let us hold ourselves free to utilise either whenever they appear suited for our purpose.

It may perhaps be well to say a few words on the secondary Homœopathic relation. Dr. E. M. Hale, in his excellent articles on *The Dose*, brought the matter prominently before us in 1861, and in these papers he showed that opposite sets of symptoms were met with in connection with most medicines, and that it was essential to ascertain in what order these occurred in the provings, since he believed them to stand in the relation of primary or secondary symptoms; and when laying down his law of the dose he says—"If the primary symptoms of the disease are present, and we are combating them with a remedy whose primary symptoms are similar, we must make the dose the smallest compatible with reason, and if we are treating the secondary symptoms of a malady with a remedy whose secondary symptoms correspond, we must use as large a dose as we can with safety."

This sentence might readily be paraphrased thus—

When medicines are applied Homœopathically the dose

must be small; but when used enantiopathically the dose must be as large as we can give with safety. I am quite aware that I shall be told that my paraphrase does not fairly represent Dr. Hale's meaning, since he insists upon the presence of a similarity between both the primary and secondary action of the drug and the disease. But a careful examination of his writings since that time has convinced me that practically he interprets his own law in the way that I have done. For example, in his article on *Geranium maculatum*, in the second edition of his *New Remedies*, he gives us nearly five pages of close letterpress on the action of astringents "in order to ascertain if they can be used in a practical manner in accordance with the law of 'Similia,' and he concludes by observing that—

I. *'All astringents primarily cause contraction of muscular fibre in some portion of the body, together with a diminution of secretion from the glandular and mucous tissues. Therefore astringents are primarily Homœopathic to similar conditions occurring as the results of disease.'* II. *All astringents cause, secondarily, a diminution of tone and laxity of muscular fibre, with a similar condition in glandular and mucous tissues, and consequent increase of secretion even to colligative discharges. Therefore astringents are secondarily Homœopathic where such conditions occur in the organism, and have been produced by the primary conditions before mentioned."* Here it will be seen that Dr. Hale puts in a saving clause at the end, but practically this is quite unheeded, since in the cases which he cured by *Geranium*, consisting of chronic relaxed throat with accumulation of mucus, chronic diarrhœa, and chronic leucorrhœa, there is no proof whatever of these conditions having resulted from pre-existing dryness and contraction. Hence it is fair to conclude that what Dr. Hale calls "secondarily Homœopathic," would by all Allopathic writers be termed "enantiopathic," and yet, be it remembered, his treatment proved markedly successful. •

I need not remind my readers that I am arguing this matter purely from the practical side. It is quite possible that the alternating symptoms of poisoning and of diseases

may be proved to be so absolutely interdependent that the occurrence of the one set of phenomena may indicate with certainty the power to produce the opposite series, and if so, both parties may thenceforth rest contented with their favourite formula, since each can explain all their cures according to their accredited law. But at the same time the view I am now defending will also be established, viz. that, *rightly applied*, the formula of "contraria contrariis" will as certainly, though much less frequently than the formula of "similia similibus," lead to the selection of the proper drug.

In a future article I purpose enquiring into this interdependence of alternating and apparently contrary symptoms.

REVIEWS.

Cholera: its Prevention and Cure. By G. E. SHIPMAN, M.D. Chicago: C. S. Halsey, 1866.

Epidemic Cholera: its Modes of Treatment, &c. By JOHN F. GEARY, M.D. San Francisco: H. H. Bancroft, 1866.

Homœopathy, and the Metropolitan Board of Health. New York, 1866.

Cholera: its Cause and Cure. By JOSEPH WALLACE. Belfast: J. Megill, 1866.

Cholera, Diarrhœa, &c. By W. V. DRURY, M.D. London: Headland, 1866.

Essay on the Nature and Treatment of Cholera and Fever, with Medical Remarks on the Treatment of Cattle Plague: also an Appendix on Public Health. By JAMES TUCKER, M.D. Dublin: J. Falconer.

On the Treatment of Asiatic Cholera. By ARCHIBALD BILLING, M.D. London: Churchill, 1866.

The Cholera: Hints Sanitary, Moral, Spiritual. London: 56, Paternoster Row.

THE above list contains but a tithe of the innumerable works which have been written on this vital and all-important subject—Cholera. Men of great mental power, talent, eloquence, and acquirements, have given to the world the history of Asiatic cholera: yet, notwithstanding all this knowledge and experience accumulated since the year 1817, we have a dark cloud on the last read page of each volume.

Our American colleagues have everything before them on a large scale, giving them at once a wider and more extensive field for observation than we can have in this little

island called Great Britain. Already we are surpassed for want of hospitals, schools of medicine, and colleges, where the new teaching could be carried out; but our younger cousins appear to rank with us in their daily warfare with Allopaths, boards of health, and such-like. Human nature is "much of a muchness" throughout the civilised as well as uncivilised world, but we must not digress from our theme.

Dr. Shipman's pages teach—

"I. *That Cholera*, in the vast majority of cases, *gives ample warning of its approach*. II. *That*, by proper care, *it may be avoided*. III. *That*, in its premonitory stages, *it is easily cured*. IV. *That*, in its worst forms, violent treatment is injurious, and *Homœopathy holds out the best hope of a cure*."

In his chapter on prophylaxis there is a passage worth noting, which says—

"It would seem hardly necessary to insist upon the proper ventilation of bedrooms, by day as well as by night. Let in the sun if you can. If your house is so situated that the sun never shines in it, leave it: the 'narrow house' will do without sunshine, but no other."

The premonitory symptoms are insisted on and thus related:

"Professor M'Naughton, of Albany, says that a white tongue *always* precedes any attack of cholera for at least twenty-four hours, and my observation has been confirmatory of this assertion. Every sudden case which came under my notice, during the three epidemics of 1849, 1850, and 1854, was made the subject of particular inquiry, and in every instance, without exception, a preliminary stage of ill health, of more or less gravity, was made known. But irrespective of this white tongue, there are other symptoms which may suffice to put one on his guard, the most prominent of which is *diarrhœa*.* It is often slight, seldom, if

* This might be substantiated by an array of facts wellnigh endless, but let one suffice; it may be dwelt upon with advantage. At Halle, in 1849, the directors of the House of Correction ordained that whoever had two passages from his bowels in twenty-four hours without making it known to the proper officers, should, on recovery, be severely punished. The result was, that

ever, painful—unattended with any serious pain or inconvenience. This, as is well known, precedes the vast majority of cases of cholera, and were the truth fully known, it would no doubt warrant the assertion, *that every case of cholera is preceded by diarrhœa!* And these diarrhœas are very easy of cure. Why they are not always cured is probably because no attention is paid to them. The patient will say, ‘there is no cause for alarm—no pain; why I feel as well as ever I did; then I can’t attend to it just now.’ ”

The treatment here recommended is, 1st, “If you have indulged in any food which does not digest, take a teaspoonful of *clear Coffee* every fifteen or twenty minutes for an hour or so; be the cause what it may, diminish your labour, both mental and physical, or intermit it altogether. If, with this white tongue, there is rolling and rumbling in the bowels, with intimation of diarrhœa, take *Merc. vivus.*, 3rd: this may suffice without anything more; when you shall take more—if at all—must be decided by the results; if prompt relief is afforded of course you will wait; in the meantime, especially if there is diarrhœa—keep quiet—on the bed or in it, and be more than ordinarily careful about your diet, avoiding everything which can possibly provoke or maintain a diarrhœa.”

Dr. Geary has sent us a very interesting and useful pamphlet, with good type, printed on unusually good paper for San Francisco. We most cordially recommend it for the people’s perusal, as it exhibits what has so frequently been discussed in this *Journal*, viz. the respective results of the two modes of treatment in cholera.

A passage or two selected on points which we generally shrink from may be of use to ourselves, surrounded as we are on every side with *gin palaces*. The writer goes on to say—

“It has been observed that in large cities, the haunts of drunkenness and degrading vices were the first spots selected by cholera; and formed the centres from which it radiated while the cholera was at its height in the city, there were no cases in this institution.

and extended far out among the dwellings of the well-ordered and wealthy inhabitants. It would, therefore, be well if in our city it could, for the time being, be so ordered that there should *not be found a drinking-house, and a house of a worse class still, to alternate each other through whole streets!* If *three of the corners of nearly all our street intersections were not occupied by three drinking-houses* (styled, for the sake of morality, ‘family groceries’) the fourth being invariably a drug store. This peculiar feature gave rise to a remark we heard a short time since, ‘*that our street-crossings were guarded by three hells and a purgatory.*’

“It is true that by the suppression of so many of these places, there may be some considerable loss to the revenue; but the counterbalancing gain in the diminution of crime, closing the fountains of demoralization and removing the head-quarters of disease should outweigh this consideration. It does not seem to be good policy for a city or state to enrich itself at the expense of the degradation and death of the citizens.”

Another point and we have done:

“When the cholera appeared in Paris, in 1832, it was during the season of Lent, and it was noticed that the mortality was much greater than during any other period of the year. In Louisiana, where the majority of the people are Roman Catholics, four times as many died of cholera as in Protestant communities of the same numerical population. This has been attributed partially to the strict fasting and abstinence required by the rules of the Catholic Church; since it is well known that insufficient and inferior diet reduces the system below par faster than the hardest labour, or even sickness. I may here remark that the laws of nature are admitted by all to be the laws of God. Religious ordinances need not conflict with them; and when they do it is very clear that the penalty is always sure to be exacted to the full on behalf of the former.”

We now turn for a moment or two to take an extract from the report of the Homœopathic Physicians of the Metropolitan District of New York, which goes on to say—

“ We desire to make a public statement of our efforts to obtain admission for our mode of practice into the cholera hospitals which might be established by the Metropolitan Board of Health, in view of a threatening epidemic. And this we do, not only as a matter of medical history, but also as an act of self-defence, inasmuch as a report has been of late circulated, in some quarters, that we have had a fair offer made us which we dared not accept. A brief investigation of the manner and terms of this so-called offer will show that it was not fair, but the very contrary. Indeed, from the nature of these terms, it must have been known beforehand that we neither could nor would accept them. Yet we must give the medical members of the Board of Health, who compose the Sanitary Committee, the credit for having recognized our right to make a claim for admission; for this recognition, though barren of any practical result, called down upon them the righteous indignation of the New York Academy of Medicine, that ‘power behind the throne,’ which prevents its members from granting, as physicians, rights which, as citizens and legislators, they would concede.

“ On the 27th of April, 1866, we addressed the following memorial to the Metropolitan Board of Health, offering ‘to furnish reputable and qualified physicians to apply the homœopathic treatment to cholera patients,’ and asking that ‘one hospital and district in each county of the Metropolitan District* may be assigned to such physicians as may be nominated to the Board of Health for that purpose by the Homœopathic Medical Societies of the respective counties; this hospital to be under the sole charge and direction of said homœopathic physicians subject only to the supreme control of the Board of Health, and open at all times to the visits of inspectors appointed by the Board, and of the public, in so far as the Board may permit:’ ”

To this and three or four other previous communications, the Chairman of the Sanitary Committee did not vouchsafe a written reply, but the following was elicited from him,

* Embracing the counties of New York, Kings, and Westchester.

in conversation, on the details of the proposed plan of operations :

“The homœopathic physicians would be allowed to join in treating cholera patients, but could not be the choosers of the manner in which such treatment is to be conducted ; that no change could or would be made in the organization already existing, but that we might come in under the same rules and regulations as other medical assistants ; that an offer of part of the Five Points and Battery Hospitals has already been made to us through the medium of the public press ; that we would have assigned to us, in certain wards in these hospitals, every alternate bed for the exhibition of our treatment, which beds would be filled in rotation by incoming sick. That a full and minute record should be kept in the hospital books of the condition of the patient at the time of his reception and during the progress of his disease, which record should be always open for the inspection of any of the other attending physicians, who would also have the right to place upon the record any correction or criticism which the case might suggest. This privilege to be common to all the physicians of the hospital in order to insure accuracy of detail and of diagnosis, but not to extend to any criticisms upon the treatment. That all prescriptions must be written out in full, giving the dose and strength of the remedy, which prescriptions must be filled up by the apothecary, who would be supplied with all drugs and preparations which any physician might order or suggest. But no medicines to be administered from pocket-cases or in any other way than by means of a written prescription and the regular apothecary.”

We now come to the examination of a pamphlet in forty-one closely printed sheets, written by a gentleman in Ireland, who does not profess to be a Homœopath, and who is not Allopathic. Mr. Wallace, of Belfast, has for the last eight years prescribed *Coffea* prepared as a tincture and administered in drops somewhat after Hahnemann's method ; but we will allow Mr. Wallace to speak for himself so that our readers may be able to judge for themselves—for ourselves we have had no personal experience with *Coffea cruda* in

cholera, at the same time we see no reason to cast aside so simple and so good a remedy, especially when we remember the many pathogenetic symptoms in Hahnemann's treatise on the *Effects of Coffee*. In his *Lesser Writings** there is this passage: "It favours the peristaltic motion of the bowels in large doses, and therefore cures in smaller doses chronic diarrhoea, &c. &c."

Mr. Wallace gives us his formula† and then goes on to say—

"For Asiatic cholera, the dose of *Tincture of Coffee* which I conceive to be best is, from *three to ten minims* in a little water, to be given every *five minutes*. This, if taken when the disease breaks out, will, with one or two doses, completely and effectually stop all cramps, vomiting, and purging, as well as restore at once the heat to the surface of the body that has been absorbed or abstracted by the sudden collapse of nature, through the virulence of the disease.

"I have, during the last seven years, treated about *one thousand cases of cholera and diarrhoea with this remedy alone*; and in no case, except the first one of true Asiatic cholera, was any auxiliary treatment necessary; and in that case the medicine had only been given every hour—the patient being in a state of collapse at the time—yet she recovered in eight hours (*vide* my paper of 22d December, 1858). The rest all recovered, every one in from five minutes to half-an-hour, by a more prompt administration and more liberal dosology. In fact, with my specific, no case of cholera can reach to any greater degree of development after the first dose is administered to the patient. Its action is so marvellous and magical, that it really must be

* Dudgeon's *Translation*, page 318. Vide Gross's *Comparative Materia Medica*, art. "Diarrhoea;" Teste's *Homœopathic Materia Medica*, group vii.

† "My formula for the preparation of the *Coffee tincture* is as follows:—Steep one pound weight (avoirdupois) of well-dried and pulverised raw *Mocha Coffee* in three and one third pints (Imperial measure) of strong alcohol for two weeks. Shake it well occasionally, filter through blotting-paper, and it is ready for use.

"My formula for the ringworm specific is this:—Steep one pound weight, as above, of the pulverised root of *Hydrastis canadensis* in three and one third pints of alcohol. Shake it well and filter, and it is ready for use."

seen to be conceived or believed ; restoring, as it does, at the same time, all the bodily functions as in health, which no other remedy can do. Every one who has tried it at my suggestion, speaks of it in unmeasured terms of approbation ; and I am happy to inform the Section of Medicine and Surgery that Dr. Velpeau has ordered and received from me, at l'Hôpital de la Charité, several days ago, a supply of my *Tincture of Coffee*, with formula, having promised (in his letter to me, per M. Henocque, of 20th November last) to employ it in some cases of cholera which are still in Paris ; and I have no doubt that he will also add his valuable testimony to so many hundreds of others. I find, further, that any ordinary case of diarrhœa or cholera can be at once subdued almost as effectually by a cup of strong *pure Mocha Coffee*, prepared in the ordinary way. I have also demonstrated, in my paper of 9th October last, to an absolute certainty, that no one can possibly take cholera or diarrhœa who uses pure *Mocha Coffee* for his ordinary daily beverage.

“ This prophylactic power of *Coffee* I consider to be of the utmost importance, as any approaching epidemic of cholera can thus be averted ; or, if commenced, could be averted in a day by proper measures.”

The writings of our esteemed and accomplished colleague Dr. Drury are so constantly before the homœopathic world that we have but to mention his name to recommend for perusal his work above named.

Dr. Tucker, of Sligo, has a more than European reputation ; he is a thoroughly practical writer, and in the essay before us has exhibited much skill in advocating the *saline treatment* of the veteran physician and pathologist Dr. William Stevens.*

* Dr. Stevens has for many years retired from practice, and is now a fine, hale old man, venerable in years, and continues to read without glasses the small print of his pocket bible. The doctor has many royal gifts, and here it will not be out of place to give the inscription on the hundred-guinea plate which we have often read—“ Presented to W. Stevens, Esq., M.D., by the Court of the Magistrates of the County Middlesex, as a testimonial of the high sense they entertain of the importance of his discovery for the treatment of

According to Dr. Billing, "*Cholera is a species of fever.*" The cold stage of what is called "fever and ague" is as like cholera as may be,—cold surface, shrivelled skin of hands, livid face, crampy pains in the limbs, pain in the stomach, headache, faintness, nausea or vomiting, and sometimes diarrhoea, and, of course, little or no urine is passed.

Further on this passage occurs :

"Whoever has had much experience in ague has seen all the modifications of cholera ; the cold stage, with convulsions (spasms)—spasmodic cholera ; ague, with nausea and diarrhoea, and of course little or no urine—the purging cholera ; ague, with livid blueness of the skin and shrivelled fingers, like a drowned person—blue cholera ; ague, passing into continued fever—a common termination of cholera ;" &c. &c.

The doctor's prescription is homœopathic to the vomiting (*Ant. tart.*) and purging (*Sulph. mag.*) ; he speaks highly of Dr. James's *fever powder*, which is composed of one grain of *Ant. tart.* to sixty grains of *Pulv. antimonialis*, which is also strangely homœopathic, although their actions are explained by "an effect on the nerves of the primæ viæ, that counteracts the effects of the epidemic poison which produces the phenomena of cholera, ague, and other febrile states."

Dr. Billing analyses and condemns the manifesto of the London Board of Health, also the Toddy revival of Bruno-nianism.

Our review was written when an esteemed friend called and placed the last-named leaflet on our table—we read it :—"Hint I. Fear not." "Hint II. Cleanliness." "Hint III. Temperance." "Hint IV. Cheerfulness and content." Under each of these heads very good and useful advice is given, which will be found generally advantageous to all classes, and if the people would "take the *hint*," the physicians' minds would be left more free to act, and as the "Hints" can be got so low as tenpence per hundred we will venture to recommend their circulation.

cholera, and in consideration of his great attention to the sick in the prison of Coldbath Fields, during the prevalence of that disease—1832."

Address to the Committee and Subscribers of the Bristol Hospital for Sick Children. By EUBULUS WILLIAMS, M.D., M.R.C.S., &c. Bristol.

DR. Williams is the most recent convert to Homœopathy from among the ranks of our brethren of the old school. Holding, as he does, and has done for nine years past, the office of surgeon to a public institution, he feels it due to the Committee and Subscribers to announce his change of views, leaving it with them to decide whether they still desire to retain his services. This is the scope of the pamphlet before us. We hope that those to whom it is addressed will be as wise as was the French government in the case of Tessier; and will not dismiss an old and tried servant because he has modified his treatment after an unpopular manner.

For ourselves, we heartily welcome Dr. Williams to our little band.

Modern Medicine. Our Holiday at the Hayes. By GEORGE STRONG, M.D. Headland and Co.

UNDER this title Dr. Strong has given us a very pleasant and readable little book. The author supposes himself spending his annual holiday with the squire of the "Hayes." Also staying in the house are his son, a medical student; a London physician and "professor;" an enthusiastic Homœopath; and a retired army-surgeon, Dr. Carlyon. The four medicos "talk shop" the whole time; and the host is good enough to bear with it and even enter into it. Into this framework is fitted a good deal of chatty discussion of the aspects which Homœopathy presents to those without, and of the questions which agitate it within. The whole book is pleasant reading; and the chapter on "Taint," *apropos* of the psoric doctrine, contains some really valuable matter. We shall hope to meet Dr. Strong again in the field of Homœopathic literature.

The Great Crime of the Nineteenth Century. By EDWIN M. HALE, M.D., Chicago: C. H. Halsey.

OUR esteemed colleague, Dr. E. M. Hale, published not long ago a *Treatise on Abortion*. His reviewer in the *United States Medical and Surgical Journal* seemed to think that he had spoken too lightly of the practice of inducing abortion, and of the sacredness of foetal life. Dr. Hale has, in the pamphlet before us, amply retrieved any error which he may have committed. He cites numerous testimonies from Homœopathic practitioners, testifying to the very rare necessity of destroying the embryo for the sake of the mother. And he calls for the most stringent measures to be taken against the practice of criminal abortion which seems to prevail so extensively in the United States. The crime is certainly wide-spread when advertisements of foeticidal nostrums are allowed to appear in the newspapers, even in those which rejoice in the appellation "religious."

New Remedies, their Pathogenetic Effects and Therapeutical Application in Homœopathic Practice. By EDWIN M. HALE, M.D. Second edition, 1867.

WE recently noticed the appearance of the first edition of this admirable work, and now we have the gratification to announce the completion of an enlarged second edition; so much enlarged, in fact, as to be a new work. This second edition contains 695 additional pages, and 35 additional remedies, and those in the first edition are almost all increased by much additional matter. Every Homœopathist desirous of keeping pace with the advance of our *Materia Medica* must get this work, which redounds so greatly to the honour of Dr. Hale and his collaborators. An extended notice of this new edition will not be required, as we have no doubt that every scientific Homœopathist will provide himself with such an indispensable aid to practice.

The industry of our Transatlantic colleagues makes us blush for the little that has been done in our country for the advance of Homœopathy, and the very little that has been done for the completion of our Materia Medica.

A Manual of Pharmacodynamics, being the first part of a Manual of Homœopathic Practice, for Students and Beginners. By RICHARD HUGHES, L.R.C.P. Ed. (Exam.), M.R.C.S. Eng. London: Henry Turner and Co.

It would obviously be unfitting for this Journal to review a book from the pen of one of its Editors. We shall therefore content ourselves with noticing the fact of its publication, and with citing the Preface, to show the object and scope of the work; and one or two of the articles on the medicines, to illustrate its execution.

The Preface is as follows:

"THE circumstances mentioned in my introductory letter were but the exciting cause of the production of this Manual. I had long, in common with many of my colleagues, felt the need of such a work. The wants of my friend fired the train which a sense of the wants of others had long been laying.

"My book purports to be 'A Manual of Homœopathic Practice.' As the word 'Manual' implies, it makes no attempt at the exhaustiveness proper to a monograph. It aims at presenting, in a concise and memorable form, the great body of information concerning drug-action in the possession of which stands the *differentia* of the Homœopathic physician. It has been arranged in two divisions. The first, constituting the present volume, is on Pharmacodynamics. The second, which will appear shortly, will be on Therapeutics. The former takes up the subject from the side of drugs, the latter from that of diseases. Between the two, I hope to furnish to students and beginners in Homœopathy a full digest of the knowledge peculiar to our school of medicine.

"Leaving the Therapeutical part for the present, I would say

a few words upon the manner in which I have treated the subject of Pharmacodynamics.

"1. My work in no way professes to be a *substitute* for the 'Materia Medica.' It is rather a guide and companion to it. The pathogeneses of the medicines, given in detail there, are presented here in the way of descriptive outline, of analysis, or (wherever possible) of physiological expression. But reference is always made to the 'Materia Medica' itself as the mine where the treasure, however rough its form, really lies. To indicate the vein where each mineral may be worked, to estimate the value of its yield, to exhibit such of its products as have been obtained and smelted, and especially such as have been applied to use—this has been my work. If there are any who cannot or will not work the mine for themselves, that which they learn from what I show them from it is at any rate better for them than total ignorance. To most of my readers I hope that the specimens I exhibit will excite a thirst for farther research of their own rather than a less worthy content with the results of the labour of others.

"2. My main object has been to set forth the *sphere of action* of each medicine. Putting out of sight those great polychrests which embrace nearly the whole organism within the circle of their influence, every medicine has one or more centres of action. What these centres are we learn, sometimes by the study of the pathogenesis, sometimes by the result of clinical experience. When we have learnt them, they become all-important stand-points for the understanding and the remembrance of the medicine. These centres I have endeavoured wherever practicable to reach: and around them to group the several actions and uses of the drugs. There will always be residuary phenomena in such a process: but these I have not failed to note when their importance demanded it.

"3. One word about the unusual *form* of my work, viz. that of letters. I was driven to adopt it by the object I had in view. I write especially for practitioners of the old school, who desire to acquaint themselves with and furnish themselves for our practice. I felt accordingly the need of some mode of communication which should be colloquial rather than didactic. And moreover I wanted to have always before me the mind of our *confrères*, wedded to old notions, bristling with objections to

anything new, and requiring explanations to the fullest degree. By erecting the friend whose wants evoked my book into an imaginary correspondent, and writing what I had to say in the shape of letters to him, I found the form of composition I required.

“For all that remains, I leave my pages to speak for themselves. They have employed for many months all the leisure left me by a laborious practice. Since they aim at supplying a general want, I ask for them the indulgent consideration of my colleagues.”

As illustrative medicines, we will cite one each of medicines of the first, second, and third class, viz., *Bryonia*, *Apis*, and *Cannabis Indica*.

“I shall devote, as I said, this whole letter to another of our polychrests,

Bryonia.

“A tincture of the root of the *Bryonia alba* is the proper Homœopathic preparation.

“*Bryonia* is one of the medicines whose provings are contained in the ‘*Materia Medica Pura*.’ It has been re-proved by the Austrian Society: but their experiments have not been thought worthy of translation. You will find them, if you read German, in the third volume of the ‘*Oesterreichische Zeitschrift für Homöopathie*.’ The experiments on animals, which are very interesting, have been translated by my friend Dr. Hutchinson in the ‘*Brit. Journ. of Hom.*’ for Jan. 1867. There is a study of *Bryonia* in Hirschel’s *Pharmacodynamics*, translated by Dr. Hayle: and another by Dr. Carroll Dunham in the ‘*American Homœopathic Review*,’ vol. vi.

“As *Bryonia* is quite a new medicine to you, I must detail its pathogenetic effects with some minuteness.

“The action of *Bryonia* is that of a pure tissue-irritant, with possibly some direct influence on the blood. It has no neurotic or myotic power: and my only reasons for calling it hæmatic are—1st, that in some animals poisoned by M. Curie the heart was full of decolorised clots, which must have been formed during life, and were pretty certainly the cause of death; and 2nd, that *Bryonia* has high repute for some fevers (as typhus and rheuma-

tism) which have their primary seat in the blood. As an irritant, it affects the serous membranes and their contained viscera, the mucous membranes, and the muscles.

"I. No poison (not even Aconite or Arsenic) affects the *serous membranes* so certainly and powerfully as *Bryonia*. If you will read the autopsies of the animals poisoned at Vienna, this fact will abundantly appear. In the first the pleura were injected and full of serum, and the peritoneum and arachnoid injected; in the second, third and fifth the arachnoid only was reddened; but in the sixth the pleura were as in the first, and the pericardial vessels were injected. Correspondingly, the provers have the characteristic pleuritic pains with fever: and although the symptoms of the head, heart, and abdomen are undecisive, they at least do not forbid the supposition of an affection of their respective serous membranes. Moreover, those close allies of the serous sacs—the synovial membranes—which are more easily affected by drug action, give plain indication of suffering from *Bryony*. The joints swell and become tender, especially those of the fingers.

"Since all the parenchymatous organs influenced by *Bryonia* are enclosed in serous membrane, I have often tried to account for their symptoms by the primary action of the drug on the investing tissue. I cannot, however, ask you to accept this doctrine at present. I must describe the effects on the viscera as they exist, and leave their relation to the disorder of their envelopes for further investigation.

"1. It is curious, nevertheless, that as of all the serous membranes the pleura are those most readily influenced by *Bryonia*, so of all the viscera the *lungs* are those which suffer most from its action. The short, quick, and oppressed breathing, with heat and pain in the chest, experienced by the provers finds its interpretation in the phenomena presented by the poisoned animals. In these, with similar symptoms during life, the lungs were always of deeper colour and diminished crepitation, while in two the lower lobes were hepatized.

"2. Next to the lungs, the *brain* is the organ which shows most signs of being affected by *Bryonia*. There is no perversion of the sensorial functions, as with *Belladonna*: and the determination of blood does not pass beyond the stage of congestion. But up to this point it is very well marked; and the provers get

a hot and red face, with headache (generally frontal), sense of weight and fulness, and vertigo. Epistaxis also is frequent.

“3. Of the two chief viscera enfolded by the peritoneum, the *liver* is much more affected by Bryonia than the kidneys. It causes tensive and burning pain in the hepatic region, which is sometimes also sensitive to pressure. In one prover, the skin over the whole body became yellowish. In the animals the liver was always found gorged, and sometimes friable.—In two animals the *kidneys* also were found congested: but I think the scanty, hot, and high-coloured urine so often passed by the Austrian provers a symptom of general fever rather than of renal implication.

“II. I come now to the action of Bryonia on the *mucous membranes*. It is interesting to observe (in connection with its relation to the rheumatic poison) how much less powerfully it influences these than it does the serous and synovial membranes. It is an acrid, and hence large doses cannot but irritate the alimentary membrane as they go down. Accordingly, we have in the provers sore-throat, vomiting, and diarrhoea with colic and flatulence; and in the animals an aphthous mouth and ulcers in the stomach and intestines. But the essential phenomena of Bryony in the gastro-intestinal sphere do not seem to depend upon irritation of the mucous membrane. They are water-brash (with this there is the characteristic contractive pain at the lower end of the œsophagus), bitter risings and vomitings, pressure on the stomach, feeling of lead as if a stone were there, and constipation. These await their physiological expression: but they have received, as we shall see, their full therapeutic application.

“The respiratory mucous membrane is unquestionably affected by Bryonia, though I doubt whether the irritation extends lower than the first division of the bronchi. The symptoms of the provers (pain, cough, &c.), whenever localised, are referred to the trachea and its bifurcation; and these parts only were found injected in the poisoned animals. The pneumonia set up by Bryony was never associated with bronchitis, in this strikingly different from that of Tartar emetic and Phosphorus. If Bryonia causes any nasal catarrh, it is dry: and the cough also has little expectoration, and is continuous, irritating, and violent, often causing retching and pains in the walls of the chest (comp. Senega). Of late, our knowledge of the action of Bryony on the air-tubes has

received a novel extension from an experiment of M. Curie's.* By administering to a rabbit gradually increasing doses of Bryonia during eight months till he came to 250 drops of the mother-tincture daily, he developed in the animal a firm pseudo-membranous tube, extending from the larynx to the third ramifications of the bronchiæ. While this fact is of great interest, I do not think it proves that the action of Bryonia on the air-passages is either profound or extensive. Pseudo-membranous formation on their surface is a pathological fact *per se* : and has no necessary relation to the amount of affection of the subjacent mucous membrane.

“ Upon the urinary mucous membrane I should have said that Bryony had little or no action, but that several of the provers experienced considerable vesical tenesmus, with a feeling after micturition as though all the urine had not been expelled.

“ III. In one of the animals poisoned with Bryony at Vienna, where a very minute autopsy was made by a practised pathologist, it is noted that the substance of the heart and the muscles of the neck were intensely red. Putting this together with the soreness and pain on motion experienced by the provers in so many parts of the body, I venture to set down our drug as a specific irritant of muscular fibre. As we have no other medicine with such an action, we must not lose even the hint of it supplied by these facts.

“ Under these headings I have given you nearly all the pathogenetic effects of Bryonia. There are certain residuary phenomena, however, which must be noted : though at present they defy classification.

“ 1st. In the female provers, the menstruation was premature and excessive.

“ 2nd. One of the Vienna provers had inflammation of the external ear, which he at any rate ascribes to the medicine he was taking.

“ 3rd. One of the toothache symptoms in Hahnemann's pathogenesis deserves citing, as it once led to a very pretty cure. ‘ Darting toothache in the evening when in bed, at times in the upper, at times in the lower molar teeth ; *when the pain was in a tooth of the upper row, and the tooth was touched with the tip of the*

* *British Journal of Homœopathy*, vol. xix, p. 455.

finger, the pain suddenly ceased, and affected the opposite tooth of the lower row.'

"Let us now inquire what have been the clinical results of these very extensive provings.

"To Bryonia, as to all the great Hahnemannian medicines, a special constitution and disposition has been assigned as that to which it is most suitable. It is said to act best in persons of firm and fleshy fibre, of dark hair and complexion, of 'bilious' tendency and choleric temperament, and where much irritability is present. You must not lay too much stress on such indications; nevertheless, they sometimes guide us to the true remedy.

"The hypothetical hæmatic action of Bryonia will serve as my text for discoursing on its relation to the two great types of fever, the rheumatic and the typhous.

"I. After Aconite, Bryonia is incomparably the best remedy for *acute rheumatism*. In its whole pathogenetic action it reminds one of the rheumatic poison. Its feeble affinity for skin and mucous membrane, and its powerful influence over serous and synovial membrane and muscular fibre, with its fever and sour sweats, point unmistakably to this disease. Accordingly, most of us employ it throughout rheumatic fever, generally in alternation with Aconite, unless the symptoms call urgently for some other medicine. But we need a series of comparative experiments which shall demonstrate what part the Aconite and what the Bryonia takes in controlling the disease. Bryonia appears equally suitable for articular and for muscular rheumatism: it is least fitted for affection of the fibrous tissues proper. It continues, of course, to be a homœopathic remedy when any of the serous membranes are inflamed in the course of rheumatic fever: though it may yield in importance to some other medicines. It is a capital remedy for rheumatism attacking particular muscles, as those of the loins or neck, or the diaphragm. In chronic rheumatism it is specially indicated when the pain is increased by motion, *i. e.* when the affection is sub-inflammatory in character.

"II. Hahnemann used Bryonia with great success in many cases of the typhus which ravaged Germany while it was the seat of war in 1813. The medicine has hence acquired in the treatment of the essential fevers a reputation greater, I think, than it deserves. Nevertheless there can be no doubt that it has its place here. The head symptoms and the bilious disturbance of

Bryonia frequently find their antitypes in cases of fever: and Hahnemann's pathogenesis adds the dry mouth and tongue and the nocturnal delirium. One of his symptoms, indeed, if well authenticated, is a perfect picture of low fever: 'she sleeps the whole day, with dry great heat, without eating or drinking, with twitchings in the face; she has six involuntary passages, the stools being brown and smelling badly.'—Nosologically, Bryonia is especially suitable for *relapsing fever* (for which Dr. Kidd, who saw so much of it in Ireland in 1847, considers it the best medicine*); for particular epidemics of *typhus*, where the symptoms point to it, and the adynamia is not too profound; and for the *bilious remittent* of the western hemisphere. It used to be employed in the first stage of *typhoid* fever: but as it has none of the abortive influence of Baptisia (*q. v.*), I for one have abandoned it in favour of the latter medicine. You will find the indications for Bryony in fever well given by Dr. Wolf in vol. viii of the 'Brit. Journ. of Hom.,' p. 439.

" III. I will now speak of the power of Bryonia in affections of the serous membranes, and of the viscera which they enclose.

" Dr. Trinks, than whom we have no better practical physician among us, thus characterises the place of Bryonia in serous inflammations. 'From no small number of cases which I have carefully marked down, the fact comes out that Bryonia is the sovereign remedy in all inflammations of the serous membrane which have advanced to the stage of serous effusion. This action of Bryonia extends over all the serous membranes which cover the thorax and abdomen, and the organs situated in these cavities, and which are so often attacked by inflammation.

" 'As long as the local inflammatory condition had not reached this stage, the fever being still of a sharp, well-pronounced synochal character, the Bryonia was of no use, but at this time Aconite and Belladonna were the specific medicines which arrested the inflammation before it had been developed to the stage just specified. But when on the other hand the inflammation had advanced to the stage of serous exudation, then in all cases Bryonia showed itself a medicine of quick and certain operation, which not only removed the still-existing local inflammation, but also with the least possible delay effected the absorption of the serous effusion which had already taken place.

* *Annals*, vol. iv, p. 131.

“ I find in my journal many cases of inflammation of the pleura, as they occur very frequently in Dresden in the beginning and end of winter, during the prevalence of strong east and north-east winds, in persons disposed to tubercular phthisis ; then two cases of inflammation of the pericardium with serous exudation ; and two very noteworthy cases of inflammation of the peritoneum, with very copious effusion of serum into the abdominal cavity.’

“ These doctrines of Dr. Trinks’ about the place of Bryonia in inflammations of serous membranes have been confirmed by all subsequent observers. Aconite should be given at first, and continued should the exudation be plastic : but if serous effusion occur, its place must be taken by Bryonia. It is especially in *pleurisy* that this treatment has become classical. You will find some good cases illustrative of it by the late Dr. Beilby of Glasgow in the ‘ British Journal,’ vol. x, p. 283. For *pericarditis* you should read our lamented Russell’s ‘ Clinical Lectures.’ I myself greatly prefer in this disease Aconite or Colchicum. In *peritonitis* from exposure to cold I have seen Bryonia act exceedingly well after Aconite : there are two capital cases in Trinks’ paper. It is recommended also for the puerperal form of this disease. *Arachnitis* is the only form of serous inflammation in which Bryonia has not proved curative : but since this malady is generally tubercular, the failure of any given medicine to cure it reflects no discredit on the remedy. In non-tubercular cases it would probably act well.

“ Of the viscera enveloped by the serous membranes I shall only speak here of the brain, as the lungs and liver will come in under the head of the respiratory and digestive organs respectively. Bryonia is of supreme value in cases of simple non-inflammatory *congestion* of this organ. Cases are on record in which such a condition arising from suppressed menstruation, from exposure to intense cold, and from sea-sickness with long-lasting constipation was promptly dissipated by the medicine. It is also frequently useful in congestive headaches, which are seated in the forehead, relieved by pressure, and much increased by stooping, which causes a sensation as if the brain would fall out. If—as it often is—giddiness is present, the patient feels as though he would pitch forwards. Another kind of headache for which Bryonia is useful is a form of hemicrania : the pain is generally on the right side, and is accompanied by retching and bilious vomiting.

“ Before leaving the serous membranes, I must refer to their

synovial analogues; only to say, however, that Bryonia has proved as useful in idiopathic synovitis—when caused by cold or injury—as when the affection is the local manifestation of rheumatism.

“IV. I have now to speak of the power of Bryonia over affections of the digestive organs. The form of *dyspepsia* for which it is suitable is again most excellently described by Dr. Trink. ‘The pressure on the stomach, a much more frequent affection in the female than in the male, generally caused by irregularity in diet, eating indigestible food, bread not enough baked, coffee, brandy, or bad beer, finds for the most part its radical cure in Bryonia. It comes on when the stomach is empty as well as when it is full, but more frequently immediately after it has been emptied of its contents: the patients complain of a pressure at the pit of the stomach, *as if they felt a heavy annoying stone there*; it lasts from two to four hours, sometimes longer, and goes off with much eructation. In worse cases, the so-called water-brash is an accompaniment, or there is a great deal of acidity generated, which shows itself by sour risings, heartburn, and vomiting of a very sour and acrid mucus. In the severer degrees of this pain of stomach, the epigastrium becomes extremely sensitive to external touch and pressure, and the patient cannot bear the clothes to be firmly put on.’ Teste notes also of the Bryony dyspepsia, that beer disagrees or gives no satisfaction to thirst, and that water is absolutely required as a *dissolvent*. As with *Nux vomica* and *Lycopodium*, gastric derangement requiring Bryony is generally accompanied by *constipation*. But whether for this malady occurring independently it is ever better than the other more important medicines we have, I cannot say. Dr. C. Dunham considers that Bryonia is specially adapted to torpor of the bowels, as distinguished from the ineffectual urging of *Nux vomica*.

“In affections of the liver Bryonia frequently comes into play, often in association with *Mercurius*. It hardly reaches to true hepatitis; but in congestive states of the organ, with pain in the right shoulder, giddiness, and slight yellowness of the skin and eyes, it is very useful.

“V. We come now to the action of Bryonia in affections of the respiratory organs, which from its pathogenesis should be rather extensive. It is the best medicine—after *Aconite*—for what is known as a ‘cold on the chest,’ *i. e.* where a nasal catarrh

has run down the air-passages, as far as the first or even second divisions of the bronchi. Heat, soreness, and pain behind the sternum, and an irritative shaking cough with scanty expectoration, make up the Bryonia picture. Or, in Dr. Trinks' words, there is 'dry, more or less severe cough, often rising to the point of retching, which is excited and maintained by a constant "tickle" in the lower part of the trachea or under the breast-bone, which is more severe by day than by night, and forces up only a very small quantity of clear, sometimes blood-streaked, expectoration; gives rise to pain of being shaken in the abdomen, or in the chest and head, and makes the patients often complain of an extremely annoying pressure under the sternum, which confines the breathing. These states occur frequently in elderly persons with stuffing of the nose, running from the eyes, and derangement of the stomach, at the beginning and end of winter. For this condition Bryonia effects all that can be expected from a medicine, and that very speedily.' Another of our veterans, Dr. Schrön, has some valuable remarks on the action of Bryonia in the respiratory sphere in the 'Brit. Jour. of Hom.,' vol. xvi, p. 439. Among other things, he says, 'In chronic cough, which becomes very violent at the least excitation of the lungs, as speaking, which is worst morning and evening, and which is accompanied by very little expectoration, as we observe in individuals whose lungs have suffered from previous inflammation and frequent attacks of hæmoptysis, I have seen Bryonia administered with the best effects. I had such a case in which the patient coughed for whole nights together. Bryonia 6, given for some length of time, not only produced perfect night-rest, but favoured the process of nourishment in such a manner, that the patient, who was formerly quite emaciated, picked up flesh, and her appetite improved.'

"But besides conditions such as these Bryonia has obtained reputation in the treatment of the three great affections of the respiratory organs, croup, bronchitis, and pneumonia.

"1. For *croup* Bryonia had been recommended by M. Teste (in alternation with Ipecacuanha) long before M. Curie ascertained its powers of developing false membranes. He speaks very confidently of the certainty of this treatment: and in the 'British Journal,' vol. xix, you will find some good cases showing its efficacy. M. Curie himself relies upon Bryonia in the treatment of croup and laryngo-tracheal diphtheria. While I see no

reason to oust Iodine, Bromine, and Kali bichromicum from their place in croup in favour of Bryony, yet I think the latter medicine worthy of full trial in the hitherto incurable diphtheria of the air-passages.

“2. In most of our text-books and domestic treatises, Bryonia occupies the first place among the remedies for acute *bronchitis*. I myself am quite unable to see its homœopathicity to this disease, when the smaller bronchiæ are involved; and I have never been able to trace any good effects from it in practice. I said so much in a paper which I read on bronchitis before the Brit. Hom. Society; and found that my colleagues generally had met with the same disappointment in the use of the drug. Bryonia, therefore, must no longer stand at the head of the medicines curative of bronchitis.

“3. It is otherwise with *pneumonia*. From what has been said, indeed, Bryony can obviously do no good in the broncho-pneumonia of children and aged persons, where the inflammation begins in the bronchial tubes. But in pleuro-pneumonia Bryonia is specific; and in pneumonia simplex it yields only to Phosphorus. To convince yourself of its action here you have only to read Tessier's cases treated in the Hôpital S. Marguerite; in which Bryonia was the chief remedy employed.* It has also been found curative of the epidemic pleuro-pneumonia of horned cattle.

“Lastly, in the curative as well as the pathogenetic effects of Bryonia, after the fullest analysis has been made, there are certain residuary phenomena to be noted. Of these the most remarkable is the power which it exerts over the mammary glands. Whenever, from the first coming in of the milk, from catching cold while nursing, or from abrupt weaning, the breast becomes swollen, tender, knotty, and painful, Bryonia will almost certainly resolve the inflammation and prevent the formation of abscess.

“From its extensive range, Bryonia cannot but have many analogues. In its relation to rheumatism, it compares with *Aconite*, *Rhus*, and *Pulsatilla*: in fever it acts like *Baptisia* and *Eupatorium*. It affects the serous membranes like *Aconite*, *Arsenic*, and *Mercurius corrosivus*; the synovial membranes like *Pulsatilla*; the alimentary canal like *Nux* and *Lycopodium*; the liver like *Mercurius* and *Chelidonium*; the air-passages like *Nux* and

* Tessier *On Pneumonia*, translated by Hempel. (Turner.)

Senega; the lungs like *Phosphorus*, *Chelidonium*, and *Tartar emetic*.

“The dose of *Bryonia*, like that of all the polychrests, varies widely. As a rule it may be said that the lowest potencies act best in rheumatism and dyspepsia, and the medium and higher in pneumonia. But even to this rule there are exceptions: and in its other applications it is equally in favour with those who use the high as with those who use the low dilutions. That is, as I believe, its action is qualitative rather than quantitative.”

“The medicine I am now about to introduce to you under the name of *Apis mellifica* differs in important respects from the substances you have been accustomed to regard as drugs. I shall have to ask you to believe that the symptoms which you know to result from the sting of a bee are also produced when the virus of the insect, in a diluted form, is taken into the stomach. Moreover, in noting indications for the remedial use of the virus, I shall depend much upon the phenomena of bee-stinging: and shall take it for granted that similar phenomena occurring in disease are Homœopathically curable by the internal administration of the poison. I am bound to consider the difficulties which such assumptions must inevitably raise in your mind.

“There is nothing *à priori* improbable in the statement that the virus of a bee, when taken into the stomach, should produce symptoms similar in kind to those of a bee-sting. In each case the poison is introduced into the blood, and therefrom produces its effects. The difference of the point of entrance should cause no variation in the results, any more than it does in the case of other specifically acting poisons. But you are probably thinking of Fontana's experiments, and of the well-known innocuousness of serpent-poisons when introduced into the stomach or sucked from a bite. Of this there is no question: and we admit that here the secretions of the alimentary canal decompose or otherwise neutralise the virus. But on the other hand, it no less appears that the same serpent-poison, when taken in a diluted form, does cause decided disturbance, and that of a kind similar to the effects of the reptile's bite. Read the admirable provings of the cobra poison (*Naja tripudians*) by Dr. Russell in vols. xi and xii of the ‘British Journal of Homœopathy.’ These positives are surely as good as Fontana's negatives. And if we assume, to

explain his observations, that the digestive secretions destroy the virus, we are no less compelled by the other experiments to suppose that dilution enables it to escape that destruction. What is true of the virus of serpents must be true also of that of bees. Hence the question is one merely of fact. And if the effects of bee-stings, and of bee-virus taken internally be the same in kind, however different in degree, it follows that they must all be classed together as pathogenetic symptoms of the substance: and may one and all furnish indications for its therapeutic use.

“With this preface, we will proceed at once to the consideration of

Apis mellifica,

the poison of the honey bee. It is prepared for use in more than one way. A trituration of the whole bees, dried; or a tincture prepared by macerating their hinder parts, after killing them while in a state of excitement, have been used, and seem to contain the virtues of the medicine. But a better preparation would be a solution of the virus itself dissolved in alcohol. It can be obtained, as Dr. Hering suggests, by seizing the bee by its wings and causing it to eject its poison upon a piece of sugar, or by grasping the sting of a stupefied bee with a small pair of nippers, and gradually drawing out the sting and poison-bags together.

“The original proving of Apis is in Dr. Hering’s ‘Amerikanische Arzneipruefungen.’ A summary of the symptoms is given in the ‘Brit. Journ. of Hom.,’ vol. xi, p. 392; in Metcalf’s ‘Homœopathic Provings;’ and in the ‘American Homœopathic Review’ for July, 1865. Numerous clinical cases are appended to the two former; and are contained also in the ‘New Materia Medica,’ and in an article by Dr. Yeldham in the ‘Brit. Journ. of Hom.,’ vol. xii, p. 394.

“Let us consider the local effects of a bee-sting. The part rapidly swells up, becomes more or less hot and red, with a tense pain, and often considerable burning, tingling, and itching. This is the simplest and most characteristic form of the pathogenetic influence of Apis. It is an *acute œdema*, the cellular tissue being more affected than the skin. Whenever a similar condition occurs idiopathically, whether on cutaneous or mucous surfaces, Apis is homœopathically indicated. Acute œdema occurring on

the skin is a form of *erysipelas*: and in this disease *Apis* is a prime remedy. It stands between *Belladonna* and *Rhus*, not controlling intense cutaneous inflammation like the former, or the tendency to form vesicles like the latter; but acting most efficiently in its own sphere. Then there is a species of sore-throat in which *Apis* is specific. There is no very great redness or pain (*Belladonna*), nor is the parenchyma of the tonsils inflamed (*Baryta carbonica*); but there is general œdema of the sub-mucous cellular tissue covering the tonsils, uvula, soft palate, and even the posterior portion of the hard palate. When you look at the throat it seems as if a bee had flown in and stung the patient there. If you will study the numerous cases of angina cured by *Apis* which have been recorded in our journals (as in Dr. Yeldham's paper) you will find this to have been their character. Such a sore-throat is not uncommonly an extension of *erysipelas*, as Dr. Todd describes it in his 'Clinical Lectures.' It is often, also, the beginning of œdema glottidis: in which *Apis* should be the great remedy. Other forms of acute œdema are inflammations of the tongue and of the labia: in both of which *Apis* has been actually found curative. Indeed, if you bear in mind this pathological condition as the main indication for the medicine, you will rarely go wrong in using it..

"We have still remaining the burning, itching, and tingling of our bee-sting,—features by no means common in idiopathic œdema. They rather point to cutaneous hyperæsthesia and eruptions: into which indeed in the provers they are seen developed. The exanthem induced generally resembles *urticaria*: in which disorder *Apis* is our great remedy. It has also cured cases of lichen, and of erythema nodosum; and is generally indicated in skin affections not going on to destruction of tissue, but accompanied with excessive itching, especially of a burning and stinging character.

"*Urticaria*, like *erysipelas*, may manifest itself internally. Here also we have acute œdema, but without the tendency to suppuration belonging to the erysipelatous form. The distressing and sometimes even dangerous symptoms arising from this cause have several times been successfully encountered by *Apis*.*

"In acute œdema, erysipelatous and urticarious, we have the

* See Erasmus Wilson on *Diseases of the Skin*, article "*Urticaria*," and cases 14, 16, 28 in Dr. Metcalf's paper.

pathological condition most characteristic of Apis: and upon this I am desirous of fixing your attention. But both provings and therapeutic records credit the medicine with a range far wider than this, as will appear from what follows.

“1. The mucous membranes are not influenced in their general extent by Apis: but at certain spots it manifests great power. It inflames the conjunctiva: and has frequently proved curative in catarrhal and scrofulous ophthalmia. It is where the *cornea* is much involved that its most striking curative results are seen. It causes hoarseness and dry cough: and is often useful in sub-acute and chronic laryngo-tracheal irritation, of a mild type (comp. *Rumex crispus* and *Carbo vegetabilis*). It irritates the stomach, and somewhat the bowels; it is one of the best remedies for diarrhoea *recurring every morning*, the motions greenish-yellow and painless (comp. again with *Rumex crispus*). It is very decidedly irritant to the kidneys and neck of the bladder (as *Cantharis*). Dr. Marcy recommends it in incipient Bright's disease, in inflammation of the neck of the bladder, and in 'irritable bladder.'

“2. Apis acts rather powerfully in the *ovario-uterine* sphere. Few medicines cause so many ovarian symptoms: and it has not uncommonly provoked miscarriage when given to pregnant women. It has proved curative in amenorrhœa, dysmenorrhœa, and menorrhagia when resulting from acute congestion of the ovaries: and even in chronic affections of the latter organs. I know of no certain evidence, however, to sustain the vague notion which seems to obtain of its power of curing ovarian dropsy.

“3. I come now to the important question,—what power has Apis over *dropsy*, general and local? It is credited with almost unbounded curative virtues in this disease: but I think discrimination is needed. Its action on the kidneys is sufficient to make it a most useful remedy in acute febrile dropsy from a chill, in post-scarlatinal dropsy, in that of incipient Bright's disease, and in that which sometimes appears in the later months of pregnancy and lays the foundation of future puerperal convulsions. In all these forms of dropsy Apis has been used successfully: its curative action being generally announced by a great increase in the secretion of urine. By the same influence on the kidneys, as I suppose, it will sometimes remove, for a time, the œdema of the lower extremities symptomatic of disease of the thoracic organs:

but this action is uncertain, and at best palliative and temporary. Then there are the serous dropsies,—ascites, hydrothorax, hydrocephalus. These may be mechanical, from obstruction of the circulation; as when ascites results from cirrhosis of the liver. In such cases, I cannot conceive of Apis dispersing the effusion; nor do I see sufficient evidence that it has ever done so. It is otherwise when the dropsy is the unabsorbed effusion remaining after serous inflammations. There seems little doubt but that Apis acts specifically upon the serous membranes. I do not know that it has ever been used in their acute inflammations: but in ascites and hydrothorax remaining behind after peritonitis and pleurisy it has over and over again proved curative, and there is some reason to suppose that it has removed the effusion in cerebral meningitis (probably non-tubercular).

“In conclusion I would mention that Apis has considerable repute in America as a remedy for *ague*; and that Dr. Nankivell has lately recommended it in *scarlatina*. He was led to use it in this disease by noticing in a patient affected by it that a patch of skin of the arm remained white amidst the surrounding redness; and being informed that this spot had been a short time previously the seat of the inflammation resulting from the sting of a bee.

“I have indicated many of the medicines which in particular spheres of action correspond with that of Apis. Thus, *Cantharis* and *Terebinthina* in the urinary organs, *Sabina* in the ovario-uterine system, *Rumex* in the morning diarrhoea and laryngeal symptoms, and *Euphrasia* in the action on the conjunctiva closely resemble the present medicine. For the cutaneous symptoms, *Anacardium*, *Belladonna*, *Croton*, *Rhus*, and *Urtica* may be compared; and for the affections of the serous membranes, *Apocynum*, *Mercurius corrosivus*, and *Bryonia*. As a whole, the action of Apis more nearly resembles that of *Arsenic* than of any other drug.

“The 3rd dec. dilution is that which I always employ in acute œdema. In dropsies, Dr. Marcy prefers the lower dilutions, from the 3rd downwards; in cutaneous affections, from the 3rd upwards; in irritation of the bladder he says we ought never to go lower than the 6th. The most striking cures of chronic ophthalmia have been made with the 30th, and this and even higher dilutions are preferred in the treatment of intermittents.”

Cannabis indica.

"This drug is not officinal in the Homœopathic Pharmacopœia. The ordinary tincture is prepared by dissolving one part of the resin in twenty parts of rectified spirit. One part of this tincture, therefore, to four of alcohol will make our first centesimal potency.

"There is no proving extant of Indian hemp, except a short one on himself by Dr. Norton in the 'Brit. Journ. of Hom.,' vol. xvii, p. 465. But its physiological effects may readily be collected from the various works on Materia Medica.

"It is thus a substance whose working is well known to you and whose effects I need hardly describe. The characteristics of the intoxication it produces seem to be exaggeration of all perceptions and conceptions, aphrodisia, and tendency to catalepsy.* It is not at all improbable that cases of mania may come before us in which the symptoms resemble those of the Haschisch inebriety. In such cases, in satyriasis or nymphomania, and in catalepsy the use of Cannabis indica would be a new but most legitimate application of the Homœopathic principle. I myself have met with one case, probably hysterical at bottom, but in which the attacks assumed a cataleptic character; and where Cannabis indica proved rapidly curative.†

"The effects of Cannabis indica on the brain may be advantageously compared with those of *Agaricus*, *Belladonna*, *Camphor*, *Crocus*, *Hyoscyamus*, *Opium*, and *Stramonium*. In its power of causing catalepsy, it is rivalled only by the *Chloride of Tin* (*Stannum muriaticum*).

"In the case mentioned I gave the 2nd dilution."

* Dr. O'Shaughnessy thus describes the effect of the resin on a native of India:—"At 8 p.m. we found him insensible, but breathing with perfect regularity, his pulse and skin natural, and the pupils freely contractile at the approach of light. Happening by chance to lift up the patient's arms, the professional reader will judge of my astonishment, when I found that it remained in the posture in which I had placed it. It required but a very brief examination of the limbs to find that the patient had by the influence of this narcotic been thrown into that most strange and most extraordinary of all nervous conditions,—into that state which so few have seen, and the existence of which so many still discredit—the genuine *catalepsy* of the nosologist." (Pereira's *Mat. Med.*, *sub voce Cannabis*.)

† In the *British Journal of Homœopathy*, vol. xxiii, p. 446, is a case in which *Cannabis* (it is not said which) in the 15th dilution effected a speedy cure of puerperal mania.

CLINICAL RECORD.

A Case of Myalgia, with Remarks.

By Dr. HENRY R. MADDEN.

I AM induced to publish the following case at the request of several of my colleagues, partly because of its obscurity, but more especially as illustrating the superiority of a correct diagnosis over mere symptom-covering as a guide to successful treatment.

Being myself the sufferer I can vouch for the accuracy of the history of the case, which dates back as far as the spring of 1858. I should premise that all my life I had suffered more or less from dyspepsia, accompanied by a tendency to obesity, which always increased when the dyspepsia was greatest. In the autumn of 1857, being especially burdened with fat, and particularly with enlargement of the abdomen, I put myself upon a rigidly low diet: not changing the kind of food, which was always of the plainest and entirely devoid of stimulants, but reducing the quantity (never large) to one half, and drinking freely of water between meals.

In this way I lost twenty-six pounds in weight during eleven weeks, and reduced my girth between eight and nine inches. The immediate result was exceedingly agreeable: I never felt better in health and spirits, my dyspepsia ceased, and the only discomfort I experienced was constipation, apparently traceable partly to there being absolutely less intestinal excretion, and partly to the relaxed abdominal muscles having less expulsive power. After this time I gradually returned to my usual diet, and apparently retained the benefits I had derived from the three months semi-starvation. At the beginning of 1858, however, I underwent a period of intense mental anxiety, consequent upon the illness of several of my children and the death of my wife; and about six weeks after this, while suffering from dyspepsia, I noticed one morning a new and unusual pain in my chest, between the middle of the sternum and the epigastrium. I concluded it to be a form of gastrodynia from which I had repeatedly suffered, but still I felt strongly that it was a new pain to me. This continued all day, unaccompanied with any other symptoms, and not influencing my appetite or interfering with my capacity

for work. I had a very busy and anxious evening, but retired between 11 and 12 p.m., still feeling the pain, but not more severely until I lay down in bed, when it suddenly became agonizingly severe, accompanied by faintness, vomiting, and such utter prostration, that when my late colleague, Mr. De Michele, saw me he thought I was in the collapse of cholera. The vomiting and coldness continued, in spite of all that was tried, for twenty-six hours, during which time, though feeling exhausted, I could not lie down, as the horizontal position always increased the pain. After this I gradually recovered, and was able to resume work in a few days; but from that time forward I became subject to the attacks of pain to which these notes specially refer. On attempting to walk fast, or to ascend a hill, a pain came on exactly where the pain occurred at the beginning of the attack, and gradually increased until it felt as if a person were pressing with his fist firmly on to the sternum and forcing it inwards towards the spine; there was no true dyspnoea, but a strong desire to draw a deep breath in the hope of overcoming the sense of compression. The attacks varied in severity—when unusually bad the pain would gradually spread up the œsophagus and pharynx, causing a peculiar tingling in the back of the throat and thence extend across the shoulder and upper chest, and down the arms to the tips of the fingers; this tingling was always unpleasant and sometimes very disagreeable. During the attacks the pulse rose to above 100, and a certain feeling of anxiety always inclined me to stand still. A very few minutes of perfect quiet sufficed to remove the pain, and it frequently happened that once it had subsided it would not return on resuming my walk; at times, however, it recurred again and again if I persevered in exerting myself. Sometimes I could walk the pain off, and on these occasions I found that although the desire to stand still was very strong yet continued walking did not increase the discomfort beyond a certain pitch, and after a while it gradually subsided, and in that case no ordinary effort would bring it back. During several months of careful watching I observed the following facts: The pain never came on when at rest, excepting twice during strong mental emotion, and on these occasions it descended from the throat to the sternum in place of ascending as usual. Exercise with the arms while the body was fixed, *e.g.* dumb-bell exercises, never brought on the pain, but carrying any weight in the hands whilst walking greatly aggravated it.

The state of stomach materially influenced the attacks; all exertion after meals was sure to bring on an attack; flatulent dyspepsia aggravated it. I invariably found that diuresis, however caused, entirely prevented the pain from coming on. I should mention, however, that for years my kidneys have been my safety-valve, and almost every ailment I have passed off by diuresis. Between 1858 and 1862 I consulted several of my medical friends, and all expressed themselves puzzled as to the exact nature of the attacks, several tracing them to the heart, others to the stomach, and others to the nerves. I followed carefully all their suggested treatments, but nothing had the slightest effect. Towards the end of 1862 my general health entirely broke down; *baruria* and many symptoms of nervous exhaustion came on, and in the spring of 1863, by the advice of my friends, I sailed for Australia; before I reached Melbourne the attacks had entirely ceased, but they recurred soon after I landed and continued more or less to trouble me during the remainder of my stay. They were never very severe, and never affected the throat and arms, but the strong pressure on the sternum occurred whenever I walked fast, or walked at all after meals. In all other respects I felt my health quite restored, and I had pretty well made up my mind that the pain was incurable. Before leaving Australia, and also after returning home, I tried several remedies selected, not according to any theoretical view of the nature of my attacks, but rigidly according to the symptoms, but from none did I experience the slightest relief. High and low potencies were also equally tried, but in vain. Such was the state of things when I was engaged in November last in writing the paper "On Myalgia" which appeared in the last number of this journal. While perusing Dr. Inman's work it suddenly occurred to me, Is it possible that myalgia of the diaphragm can explain my attacks? I at once carefully analysed my case to ascertain if the idea would bear investigation, and I put together the following particulars:

In the history of the case we have—1. Steady continued stretching of diaphragm from distended abdomen followed by sudden removal of this distension by semi-starvation. 2. Weakening of muscular tissue by the low diet. 3. Weakening of nervous system by long-continued anxiety and depression. 4. Re-stretching of diaphragm by flatulent dyspepsia. Here is a sufficiently predisposing cause.

In the kind and position of the pain we have—1st, forcing in-

wards of sternum at the spot where the anterior fasciculi of the diaphragm are attached, so that it could be readily produced by spasmodic contraction of this part.

2nd. Extension of pain along the course of the phrenic nerve and down the branches of the third and fourth cervical nerves with which it anastomoses—the pain being evidently nervous tingling.

3rd. The attacks always excited by walking, when the diaphragm receives repeated gentle jerks from the shaking of the contents of the abdomen; thus corresponding with the gentle touches which so frequently provoke myalgic pains and contractions.

4th. No pain caused by flatulent distension of stomach while at rest; thus corresponding with the steady firm pressure which myalgic muscles bear well.

5th. The relief of pain by *rest*, which is so markedly the case in myalgia.

These considerations induced me to treat the case as one of myalgia, though I must acknowledge that I did not do so with much hope of success.

In selecting the remedy, I passed over *Arnica*, believing it to be suited chiefly to myalgia from over-fatigue, and decided on *Actæa racemosa* as possessing an action both on the nervous system and on the muscles. The effect was very marked; I commenced with three or four drops of the mother-tincture night and morning, and at once experienced a relief from pain unaccompanied, as on all former occasions, with diuresis, but on the contrary, my urine became remarkably high-coloured and loaded with lithates. In a very few days I was obliged to discontinue the medicine, as I suffered uncomfortably from its pathogenetic effects, especially from headache with aching pressure on the eyeballs. A few days after omitting the remedy the paroxysms of pain returned. I then tried *Actæa* 12, but without result; subsequently I ascertained that I could take the first centesimal without over-action; under the use of this remedy I have been completely relieved of this nine years' burden.

If we look at the proving of *Actæa* we shall find *no symptom* which would lead to its selection in my case; but if we compare the pathological conditions caused by this drug with the condition into which I had fallen, the correspondence is quite sufficiently close to prove its homœopathicity.

Ferri Iodidum in Uterine Displacement.

By HENRY C. PRESTON, M.D.

IN 1850 I reported two or three cases of "retroversio uteri" to the R. I. Homœopathic Society, and subsequent experience with the same curative agent, and the experience of a number of my professional friends in this vicinity, has confirmed my opinion of the efficacy of this remedy in a class of diseases which has usually defied medical treatment for a long time. I transcribe the case, as I then reported it, without troubling you with a list of fifteen or twenty cases, all very nearly alike in constitution, in symptoms, in actual displacement of the uterus, and in result.

On the 29th of August, 1849, I was called to see Mrs. S—, æt. 44, a widow; lost her husband about three years before; from a child she had been troubled with an eruptive fever, called by common people a "canker-humour." At all events she had exhibited that psoric constitution which is continually making irruption in the form of cancrum oris, tonsillitis, follicular inflammation of the throat, heartburn, gastritis, dysentery, and that peculiar smarting and sore inflammation of the rectum which seems to have passed in succession through the whole length of the alimentary canal, from the fauces to the anus. This condition lasted until her fifteenth year, at which time the catamenia appeared, and all her former troubles ceased; from this time she enjoyed general good health, was married, and had two or three children. In 1846 she lost her husband, who was an invalid for a year or two previous to his death, and required a great deal of lifting and other assistance. Mrs. S— had felt something of the displacement I am about to describe immediately after his death; but by rest and change of scene she regained her strength in a great measure, until she ceased menstruating, about a year previous to my seeing her. She was obliged to exert herself considerably for her own maintenance, and was troubled by several attacks resembling dysentery, of which she would soon be relieved. When I was first called to see her she was suffering in this way, and, inquiring her history, I concluded that her trouble was not of the ordinary character of dysentery; she could not walk across her room, in fact could not stand erect, without a most disagreeable sensation of pressure and protrusion of the rectum. With-

out further detail of the symptoms so familiar to all medical men in these cases, suffice it to say that I proposed and made a careful examination per vaginam and per rectum with the finger, and afterwards with the speculum, and found the womb at that time much swollen, hard, and very sensitive to the touch; it was at least four times its natural size, and very much inflamed; besides, it exhibited decided retroversion, the top of the fundus resting on the rectum. From what I could learn of her symptoms previously, I have no doubt but that a similar condition had existed several times before, and which was treated as dysentery; on these occasions she had neuralgia and hysteric spasms quite severe, constant tenesmus, and white slimy evacuations, occurring every four or five hours; a considerable sympathetic fever, much tenderness of the abdomen, urine high-coloured and scanty, a very disagreeable and painful downward pressure which she felt high up in the rectum, with other symptoms indicating the same pathological disturbance. I prescribed several remedies for the inflammatory condition of the womb and rectum, which relieved all the more severe and acute sufferings. *Acon.*, *Bell.*, *Merc.*, *Calo.*, *Sulph.*, *Sepia*, and *Sabina*, were the chief remedies used, and all successful in combating the symptoms for which they were given; but after the dysenteric discharges and all the more severe symptoms had been checked, and the womb had been reduced as nearly to its natural size as could be expected in the critical period, there still remained the same displacement and the same disagreeable pressure in the rectum. An examination satisfied me that the womb was restored to its usual size, and that all the tenderness of the uterus and rectum had disappeared; but the retroversion was more prominent, and the uterus was actually doubled up, so that in the vagina the finger could feel the fundus and os tincæ on a level. I then put her on the use of *Ferri iodidum*, 1st trit.; within a week she improved wonderfully; she was able to stand and walk about her room, and was relieved of much of that pressure in the rectum which she had so long experienced. I persevered in the use of *Ferri iodidum* for two months, varying the potency from the first to the third, and alternating the two weekly; the inflammation had been so severe and of so long continuance, that adhesion had taken place between the peritoneal covering of the womb and the rectum, so that the fundus could never assume its true normal position, but it was very much im-

proved, and the pressure upon the rectum removed ; about three months after she had been under my care she menstruated freely and naturally, her general health improved, and up to this time she had remained quite well, has had no return of the uterine trouble, and has, to all appearance, passed the critical period in safety.

I do not quote this case as anything very remarkable ; in fact, the displacement was not as troublesome as in some of the cases which I have treated with the same remedy. I have used the *Iodide of Iron* for five years in most of the chronic cases of prolapsus that have applied to me, and in every instance with marked success.

I have given it in complete prolapsus and inversion of the womb, and with prompt and decided relief, of course replacing the organ mechanically at first ; and since I reported the above case to the society several members have tried the remedy with equal success, and in some instances in patients who had been deemed incurable.

Now, as we have no pathogenesis of this remedy, and as my plan of treatment may be deemed empirical, I can only defend it by referring to the similar symptoms and organic diseases caused by drug doses of *Iodide of Iron*, and the known pathological changes produced by this drug ; and the more satisfactory but less scientific reflection that, as far as my experience and observation go, the treatment with alternations of this remedy has been entirely successful in a class of cases allowed to be obstinate and hard to cure. Besides, I have never seen the *Iodide of Iron* specifically recommended for chronic uterine displacements, and I therefore more willingly submit to the judgment and experience of my professional brethren. I can only say, in conclusion, that the cases in which I have prescribed *Ferri iodidum* were almost all of a scrofulous diathesis, and I do not recollect ever seeing a chronic uterine displacement except in that class of constitution. —*Philadelphia Journal of Homœopathy*, vol. i.

Corallia Rubra in Spasmodic Cough.

By DR. RICHARD HUGHES.

DR. BAYES, in the very interesting series of "Notes from Practice" he is now publishing in the *Monthly Homœopathic*

Review, says of *Corallia rubra* that he has never obtained any benefit from it. I think that the following case indicates that it has some value in the class of disorders for which Teste first recommended it, viz. in spasmodic affections of the upper part of the respiratory tube.

On February 1st in this year I was asked to see the daughter of the Rev. S. E—. In the previous November she had had a very troublesome cough, which resisted all the treatment (allopathic) directed against it. Change of air was at last prescribed: and immediately on arriving at Norwood the cough ceased. She returned home at Christmas time: but the cough gradually reappeared, and had now assumed its former intensity. I found her firing minute guns of short barking cough. This, I was told, went on all day: and for half an hour or so towards evening increased to a violent spasmodic paroxysm. In other respects the health was fair. She was nearly thirteen; had not yet menstruated. The larynx and trachea were not tender; and the cough gave no pain. I ascertained on inquiry that she was of nervous temperament, and had more than once manifested hysterical symptoms.

I gave her a drop of *Corallia rubra* 30 three times a day.

Feb. 5th.—I saw Miss E— again to-day. The cough has steadily diminished since beginning the medicine. There had been no paroxysm for two evenings: and I heard not a single bark during my visit. Continue medicine.

9th.—The cough has quite disappeared. Omit.

It has not returned since.

A Case of Dyspepsia treated by Lycopodium and Careful Dieting.

By Dr. F. B. HUTCHINSON.

Mrs. F—, æt. about 50, wrote to me on the 14th December, complaining of “pain under the ribs and all round the waist, with shooting pains up the shoulder-blades; pain across the stomach and straight down on each side of it, sometimes very severe across the bowels; nausea; the food often thrown up, with a sour and then a bitter taste; waterbrash; obstinate constipation; very painful hæmorrhoids, with great loss of blood; coldness in the extremities; cramp in the legs and thighs; the action of the kidneys is undue and most disturbing at night. For the last six

weeks I have lived almost entirely upon tea, gruel, very simple mutton broth, and light puddings. I have now taken a dislike to bread, and eat oatmeal cakes. The last two nights I have not closed my eyes, and the pain has been unceasing. I am now starving myself, and if I could do without food should, I dare say, be free from pain. At the same time I do not feel very weak and ill, so as to have to give up my usual pursuits, except when in pain, and then I am quite disabled. My complexion is deadly pale, with a mixture of ash and yellow combined. The medicines I have taken are *Nux*, *Lachesis*, and *Mercurius*, without any benefit. *Bryonia* has given me slight temporary relief."

In this case the morbid state of the stomach was clearly kept up by the injudicious system of diet pursued by the patient. She was immediately requested to leave off slops as soon as she could, and to replace them by meat diet, in small and frequently repeated quantities. The medicine ordered was *Lycopodium* 12 twice a day, that medicine appearing to cover admirably the particular symptoms complained of, as well as the general pathological condition.

On the 22nd December my patient wrote again—"I am really better; the pain has subsided, and all the most distressing symptoms are disappearing."

On the 12th February she wrote, saying—"That she was restored to good health, having carefully attended to the directions given her, and was able to return to ordinary diet."

With regard to the treatment of this interesting case, while I consider a large share, perhaps most, of the benefit due to the medicine, I cannot but assign a considerable proportion to the changed plan of dieting. The case appears to me to be very instructive as an illustration of the advantage to be gained by carefully allying a scientific hygiene with a scientific medicine.

This case is not given as adding anything new to our knowledge of *Lycopodium*, but as a typical instance of the form of dyspepsia, for which it is suitable.

Cerebro-spinal Meningitis, or Spotted Fever.

By J. B. Wood, M.D., West Chester, Penn.

In the last number of the *Gazette*, I observe an account of the treatment of a case of the above disease, by Dr. Hendenburg.

A few days since I was called, in consultation with Dr. Smedley, in a case which we diagnosed to be *cerebro-spinal meningitis*. It presented the following symptoms: bowels constipated (a usual thing with the patient); soreness on pressure at the stomach; an indescribable feeling of soreness or pain at the base of the brain and the upper portion of the spinal cord; rolling of the head from side to side; constant picking of the fingers and feeling about; constant moving of the feet, the patient entirely unconscious of what he was doing. His only complaint was, "My head, my head is bad!" In this condition he remained for two days, during which time he had not slept, notwithstanding the use of *Acon.*, *Bell.*, *Gels.*, and other seemingly indicated remedies, without the slightest apparent effect. I may mention in this connection, that oats, heated and placed in small bags, were constantly applied to the cervical region, until we despaired of the case; and I said to my colleague, that the case of his patient was hopeless, and that he could not much longer survive.

In further consultation, we concluded to try *Bell.* $\frac{1}{10}$ th, *Gels.* $\frac{1}{10}$ th, during the following night, in conjunction with dry heat (oats) applied as before.

While preparing the medicines, it occurred to me again that they had been given without any improvement; and I concluded, without saying anything to my colleague, at the time, about it, to substitute *Baptisia tinoture* for *Gelseminum*, ten drops in a gill of water, and give it for the first three hours, a dessert-spoonful every half hour. Before he had taken it two hours, the nervous symptoms of which I have spoken had almost entirely disappeared; he became conscious, and slept well through the night; and speedily convalesced under the use of the same remedy.—*New England Med. Gazette*, vol. i, No. 6.

Cases of Gastrodynia.

By J. HARMAR SMITH, M.R.C.S., L.S.A., Blackheath.

CASE 1.—*Obstinate Gastrodynia cured by Bismuthum.*—Reuben Lyell, Sheffield, August 5th, 1860, boatman, middle-aged, a great smoker, but otherwise of temperate habits. Has for several days

suffered from severe paroxysms of burning pressive pain in the epigastrium. An attack this morning lasted for upwards of an hour. Slight tenderness on pressure at pit of stomach. Pains frequently come on shortly after meals. *Nux vomica* 1 and *Bel-ladonna* 1 in alternation every four hours; hot fomentations to abdomen; to leave off smoking.

7th.—Some improvement; paroxysms less severe and frequent. Continue the medicines.

9th.—Relapse; pains as bad as ever. *Arsenicum* 3 and *Colo-cynth* 1 every hour in alternation.

11th.—Pain shifted to left hypochondrium. *Ars.* 3, *Bry.* 1.

12th.—Decidedly better, no pain. Continue medicines.

14th.—Debility only.

September 10th.—Had continued free from pain until the present date, when he went to work (boat towing), and the pain at pit of stomach has returned, and is attended with flatulency and palpitation. *Carbo vegetabilis* 5.

20th.—The pain continues; it now generally supervenes a few minutes after a meal—easier after parting with flatus; still epigastric tenderness, which he now says has been present for several years; palpitation shortly after meals. *Arsenicum* 3 4tis horis.

25th.—Constant burning pain, increased in paroxysms. *Phosphorus* 3 every two hours.

27th.—Very much relieved by the last medicine, and gone out when I called. Continue *Phosphorus* three times a day.

November 13th.—Relapse on the 3rd of October, since which the symptoms have become gradually aggravated; the pain in the stomach more constant, though increased after meals, and been attended with headache and vertigo. He has taken *Arsenicum*, *Merc. sol.*, *Nux vomica*, *Merc. cor.*, and *Aconite*, without even temporary relief. Gave up smoking when I first began to attend him, and has continued to abstain from "the poisonous weed."

I now began to despair of my patient's recovery (I was then only a young homœopath).

On looking afresh, however, into the symptomatology of the case, I found that *Bismuth* had many symptoms corresponding to those of my patient. I therefore gave this medicine in the third dilution, and under its use the symptoms rapidly yielded, and by the end of the month my patient was quite well, having taken no

other medicine. He had no further relapse, at least during the next six months.

CASE 2.—*Gastrodynia cured by Argentum nitricum*.—Mr. T. T—, Sheffield, admitted February 8th, 1859, middle-aged, nervous temperament, has severe pain at the pit of the stomach about two hours after every meal, temporarily relieved by eating and drinking; slight tenderness on firm pressure just below epigastrium; appetite good; no nausea. *Nux vomica* 2 every two hours.

18th.—Much the same. *Nux vomica* 2, *Sulphur* 1, in alternation.

27th.—Worse the last few days. *Graphites* 3 and *Merc. cor.* 3 in alternation.

28th.—Symptoms increased. Hot fomentations.

March 2nd.—No relief; the pain is relieved by drinking warm fluids, but the smallest quantity of cold fluid brings it on or aggravates it, so that he finds it necessary to take the medicine in warm water; *Chamomilla* $1\frac{1}{2}$, and *Hyoscyamus* 1, every four hours in alternation.

March 4th.—The pain has returned at about the usual time after meals; it appears probable that it arises from an excessive secretion of acid towards the close of the digestive process; *Argentum nitricum* 1 gr. v every four hours. To take a grain or two of *Carbonate of soda* occasionally, as a palliative.

6th.—No return of pain. Continue the *Argentum nitricum*, omit the palliative.

10th.—Scarcely any return of pain. Continue the *Nitrate*.

He continued the medicine for another week, or altogether for about a fortnight, but had no occasion to do so longer. I attended him occasionally for other forms of dyspepsia and for facial neuralgia for more than two years, but he had no return of gastrodynia during this period.

CASE 3.—*Gastrodynia relieved by Argentum nitricum*.—Mrs. S—, Dalston, September 20th, 1866, aged about 25, confined six weeks, ate meat at the end of a fortnight; the same day had the first attack of gastrodynia; has had six attacks in all; the more recent attacks have terminated in delirium; twice the jaw has been locked; pain begins in epigastrium and radiates thence as from a centre. *Ignatia* 1, ter die; *Belladonna* 1 when the attacks come on.

21st.—Had an attack at 4 this morning, attended by delirium,

which was quickly relieved by the *Belladonna*; continue the medicines.

November 26th.—The attacks of pain have continued, though somewhat less frequently, but there has been no return of the head affection. *Arsenicum* 1 4tis horis.

28th.—Has had a very severe attack of gastrodynia, which continued a great part of the night, followed by exhaustion. The seizure was at length terminated by vomiting of an intensely sour substance. The pain occasionally supervenes soon after a meal, but more frequently during the night or several hours after food. I omitted to mention that when I began the attendance the child was weaned by my direction. *Argentum nitricum* four times a day; *Pulsatilla* 1 during the paroxysms.

December 5th.—No return of abdominal pain since last report, and appears altogether better. Continue *Argent. nit.*

11th.—Still free from pain, though troubled occasionally with acid eructation. Continue *Argentum nitricum*.

19th.—Had continued well, and was gone out when I called.

January 7th.—Reports that she has had no return of the pains for several weeks, and feels quite well.

24th.—Began to menstruate eight days ago, and has had several severe attacks of gastrodynia since, the first of which supervened on the day after the catamenia; the attacks have been extremely severe, and have lasted from six to eleven hours. Pain lancinating, and smarting like a sore; abdomen swollen after the attacks, so that she has to undress; acid eructations; tenderness on pressure in epigastrium and right hypochondrium; pale and exhausted. *Argentum nitricum* 1 4tis horis; *Belladonna* during the attacks.

26th.—Another very severe attack yesterday. *Arsenicum* 1 and *Argentum nitricum* 1, in alternation every four hours. To drink lime-water with her meals.

31st.—No acute attack since last report; states that the attacks have frequently come on before she has eaten beef, although she can generally take mutton with impunity; still acid eructations. Omit the *Arsenicum*, continue *Argentum nitricum* four times daily.

February 8th.—No return of gastrodynia, but still acidity after meals. Continue *Arg. nit.* night and morning.

May 15th.—Has continued free from her painful complaint until a few days ago, since which she has had several attacks.

Thinks she is about four and a half months pregnant. *Argentum nitricum* 4 ter die.

18th.—No return of pain; has quickened since last report. Continue the medicine.

27th.—No return of pain; discharged June 11th.

I have had no further application from my patient, and conclude she continues well.

CASE 4.—*Gastrodynia cured by Nux vomica*.—Mrs. H—, Greenwich, admitted July 21st, 1864, æt. 39; nervous temperament, has a harassing business on hand; subject to spasmodic attacks, with dyspepsia, from childhood; has had them frequently now for the last two years, aggravated during four months. Now severe gastrodynia, with much epigastric tenderness on pressure, so that I at first thought the case to be one of gastritis. My notes of the case are short and imperfect. I only attended her, however, for about a week, and she got complete relief from *Nux vomica*. The pain supervened almost immediately after food. She stated that this was the most severe attack she has ever had. She had no return of the complaint for a year and a half, when it occurred a few weeks after confinement in childbed, and during lactation.

CASE 5.—*Gastrodynia cured by Arsenicum*.—Mrs. B—, Greenwich, admitted December 19th, 1865. My details are also scanty in this case, but I remember that it was a very severe one. She took *Belladonna* in alternation with *Arsenicum*, then *Bryonia* alone, and other medicines. I then, at the end of ten days (December 28th), returned to *Arsenicum*, and gave it alone, when she stated that she found relief from each dose of the medicine, and after taking it for a couple of days she had no return of the symptoms.

In none of the cases which I have detailed did I give *Opium* or *Morphia* or other narcotics, nor make use of any adjuvants except those I have mentioned, besides fomentations and compresses. I have used them, however, in two cases of gastric or abdominal spasm, but they failed to relieve. I reserve the details of these cases for another opportunity. Indeed, to the best of my recollection, I have never had a case of any kind which did not afterwards prove to be incurable in which, after the failure of dynamic remedies, opiates did not also fail.

Clinical Notes. By G. M. CARFRAE, M.D., Surbiton, S.W.

1. *Dysentery*.—Mrs. T—, æt. 79. November 26th, 1859.—Four days ago, the patient states, she was seized with purging, the stools consisting of pure blood, which has continued till now. She has great pain in the abdomen and constant desire to go to stool; pulse 120; tongue coated, but not very badly; thirst considerable. I gave her *Aconite*.

(I may mention that the patient lived a long distance from my home, and it so happened that *Aconite* was the only medicine I had with me.)

27th.—No better. I examined one of the evacuations. It was small in quantity, and consisted of shreds of mucus (like chopped-up bits of boiled white of egg) mixed with blood; pulse still 120; altogether she seems worse. I gave *Merc. sub. corr.* 3 every four hours.

28th.—Since last evening at 6 o'clock has had no evacuation from bowels; pulse 90. Has taken some arrow-root.

30th.—On 29th and to-day (30th) has had a natural stool each day; no blood; no tenesmus; pulse normal; skin cool; takes nourishment well. Discharged cured.

2. *Chronic Diarrhœa*.—A. W—, æt. 14, states that she has suffered from looseness of the bowels for nearly ten years. The stools are watery; she generally has one copious stool, and several smaller in quantity, daily; appetite not very good. She is delicate looking. *Sulphur* ϕ , one drop every morning.

Four days afterwards I visited her and found her well. She has only one stool daily, and that is formed and natural; appetite good. Discharged cured.

3. *Rheumatism*.—Joseph L—, æt. 19, labourer. December 5th, 1865.—Patient states that four years ago he was first troubled with pains in the hands, in the "fall of the year." The attack lasted a fortnight. A year afterwards he had another attack of the same kind, which lasted eight weeks. These attacks have been renewed each year at the same time, and each time with increased severity.

The present attack has lasted three weeks. He suffers from pain in *right* knee and *left* hand. The pain shifts about every third day. During the attack he has always (as now) cough,

which only troubles him on moving about; it ceases when he remains quiet at home. The pains are worst when he begins to move about in the morning. To take *Agaricus muscarius* $\frac{3}{4}$, one pilule three times daily.

12th.—After taking medicine two days, he reports the pains ceased, and have not returned. *Sac. Lac.*

19th.—Continues well. *Sac. Lac.*

January 2nd, 1866.—Still well. Discharged cured.

4. *Intermittent Fever*.—July 26th, 1866.—Miss N— about ten days ago was seized with symptoms of intermittent fever; these have continued till present time. The shivering and heat come on in the afternoon of each day, and last till the evening; thirst throughout the attack, and pain near right mastoid process. I ordered *Rhus* 1.

28th.—After taking several doses had severe headache, with tenderness of scalp (*qy.* medicinal aggravation?); fever delayed till midnight. *China* was then given.

30th.—She had one very slight return of fever; since then has been well. Discharged cured.

5. *Diarrhœa*.—Mrs. S—, æt. 54, for some days has suffered from diarrhœa. The stools are copious, frequent, yellow coloured, painless, and often involuntary. She has fever in the afternoon and evening, with burning in palms of hands and soles of feet. The tongue is like parchment. I ordered *Arsenicum*.

After using the medicine one day the diarrhœa ceased; after one day more the fever also disappeared.

A few days afterwards she complained of a restless feeling in the limbs, for which she got *Rhus* $\frac{1}{2}$; was shortly afterwards discharged cured.

A Case of Gonorrhœa.

Reported by ALFRED C. POPE, M.R.C.S. Eng.

A YOUNG tradesman called on me at 10 o'clock on the morning of the 28th of March, 1867, stating that he was suffering from gonorrhœa. The connection to which he traced it had occurred about ten days previously. Yesterday evening was the first occasion on which he had noticed any evidence of it; he then had frequent and urgent calls to pass water, with great pain in doing

so. There was also a slight pale yellow discharge from the urethra.

This morning the pain in micturition is burning and cutting; the penis swollen; the glans hot and inflamed; the urethral discharge increased in quantity, thicker and deeper in colour than it was last night.

I directed him to go home and lie on the sofa as much as possible; to foment the penis with hot water for ten minutes every two or three hours during the day; to avoid all alcoholic drinks, and to live sparingly. I gave him the following medicine, of which he was to take a dessert-spoonful every two hours:

℞ Tinct. Acon. ϕ gtt iv;
Aquaë, ℥viij.

On the 30th he called in the evening and reported himself quite well. He had now no pain in micturition, no discharge, no discomfort of any kind.

During the day on which I first saw him the discharge increased in quantity and density; by night it had become thick and purulent looking.

On the morning of the next day (the 29th) it had diminished, the pain in micturition had greatly decreased, and by evening no trace of illness remained save a throbbing headache. This had disappeared when he rose next morning, which he did after a good night's rest. He had not been able to lie down much, from his having been compelled to attend to his business; in other points my instructions had been duly attended to. I now advised him to inject the cold water into the urethra three times a day.

I met him accidentally about a fortnight after this, his second and last visit, when he assured me that he had remained perfectly well.

Case of Puerperal Anasarca with Pericranial Effusion.

By W. F. JACKSON, M.D., of Roxbury.

MRS. —, æt. 19, primipara; was delivered on the 16th of February, at 4 o'clock p.m., of a fair-sized child. The labour was neither long nor severe, and at its close I congratulated her upon the favorable result. For some weeks prior to her confine-

ment, she was exceedingly annoyed by œdema of the lower extremities, interfering with locomotion. When called to see her, on the morning of the 16th, I was surprised to find that the œdema had extended over her whole person, even the neck and face giving marked evidence of its presence. Nothing peculiar was observed in her manner, and I gave the matter no serious thought, but merely remarked its unusual extent.

At 6 p.m., I was informed that the after-pains had suddenly ceased, and that violent pains had been developed in her head instead. I sent six powders of *Belladonna* 3, one of which was to be taken every hour until relief followed. At 8 p.m. was sent for, because the patient had lost her sight, and was "acting strangely." Saw her at 9 p.m., and found her insensible; pulse small; twitching about the mouth, and pupils dilated. Looking upon the case as one of effusion of water within the cavities of the brain, I gave *Hellebore* every two hours. On the 17th, at 1 a.m., I was called, and found her in convulsions. The spasm, which was quite short at first, occurred at 1, 2, 3, 4½, 8, 10½, 12, a.m.; 2, 5½, 7½, and 10 p.m. The spasms became longer, until they reached a duration of eight minutes. A peculiarity, which I never before noticed, was the protrusion of the tongue, which was enormously enlarged, but it was not the result of swelling from being bitten. It extended to the chin in length, and was much wider externally than the mouth itself. There was also an unusual difficulty in exhaling, although the inhalation was perfectly easy.

I administered *Ether* from time to time, when occasion demanded; and at last kept her under its influence for several hours consecutively. She remained comatose for forty-eight hours, during the last twenty of which there were no convulsions. The amount of urine passed was very great. The *Hellebore* was continued for several days, though in much smaller doses; and she is now in a fair way to recover.

My object in reporting the case is to ask whether or not my diagnosis was correct; and, if so, how far is the result to be attributed to the medication? I omitted to mention above that the patient had no recollection whatever of her illness.—*New England Med. Gazette*, vol. i, No. 4.

A Case of Dropsy. By D. WHITING, M.D., of Boston.

NOTICING, in the February number of the *Gazette*, the report of a case of dropsy treated with quite massive doses, I am reminded of a case which came under my care, and resulted favorably, although, in this instance, very small doses of medicine were used.

Mr. M—, a clergyman, æt. 45, tall, spare, and of bilious temperament, came under treatment in January, 1865. He said that he was suffering from difficulty of breathing, and had had chills and fever for the past ten days, and, at long intervals, for more than twenty years.

The chills usually appeared towards night, and were followed by fever, with thirst. Afterward, this was succeeded by a stage of perspiration. Sometimes the paroxysms commenced with fever.

The tongue was coated white; the stomach was unable to retain much food or drink; the bowels constipated; and the urine was scanty, with an offensive odour. The action of the heart was feeble and irregular; and, while there was much weakness throughout the system, this feeling was especially manifest in the lumbar region.

The abdominal walls were distended; and the œdematous condition of the extremities, and of the face and neck, all indicated the true character of the disease.

Arsenicum, twelfth centesimal, was given; six drops in a wine-glassful of water, two drops every three hours. This prescription was continued, from day to day, for a week, but my patient did not improve; on the contrary, he was now getting decidedly worse. The fulness of the abdomen had become very marked, and the cellular tissue of the extremities was involved to the fullest extent. The urine was less in quantity. Small, liquid dejections now occurred twice and three times a day. The dyspnœa had very much increased; and a recumbent position was attended with such a degree of suffocation as not to be endured for a moment. Nausea was constantly present, and but little could be taken into the stomach without inducing vomiting.

It was very evident that a change of treatment must be made, or there would soon be no need of medicine. In making the change, what remedy should be substituted for the one already

used? That drug had been given which was thought to hold a closer relation to the disease than any other. As the *Arsenic* had only been given in the twelfth, without effect, was it not more than probable that the power of this agent over the disease in question lay in a *higher* dilution?

The thirtieth centesimal was now prescribed. On the following day, the patient remarked that the last medicine must have been very powerful, as an effect was experienced from the first dose. The nausea had been less, and more urine had passed. The chills and fever, which had been of the quotidian type, had failed to return since my last visit.

The amendment went on, all the symptoms becoming less urgent; the nausea was subsiding, and urine was freely voided.

Under the last prescription, given at lengthened intervals, the patient improved rapidly. In the fourth week, and soon after urinating, a discharge of blood followed, amounting to three or four ounces, without pain. There was no recurrence of the hæmorrhage; and, in about eight weeks from the first visit, the patient was discharged.

Since that time, he has been engaged in his usual round of duties, without return of the disease.

This case is cited, not to disprove the utility of low dilutions, or of remedies in appreciable doses; but as one of the every-day proofs, that the highly potentised drug is often capable of producing curative results.—*New England Med. Gazette*, vol. i, No. 4.

MISCELLANEOUS.

Dr. Thomas and the Medical Council.

IN the newly issued Homœopathic Directory the name of Dr. Henry Thomas appears in the "List of Practitioners holding Degrees from American Homœopathic Colleges, whose Diplomas are not recognised as legal qualifications in England."

Dr. Thomas has, we think, been hardly used by the Medical Council. He obtained his degree at the Homœopathic College of Pennsylvania, after going through the curriculum of study, and passing the necessary examinations in 1855, and would therefore seem entitled to have his name put on the British register in virtue of § 11 of Schedule A of the Medical Act, which records as admissible to registration "Doctor of Medicine of any Foreign or Colonial University or College, practising as a physician in the United Kingdom upon the 1st day of October, 1858, who shall produce certificates to the satisfaction of the Council of his having taken the degree of Doctor of Medicine after regular examination, or who shall satisfy the Council, under section 45 (46) of the Act, and that there is sufficient reason for admitting him to be registered."

Now, as Dr. Thomas produced certificates of having taken his degree of Doctor of Medicine after regular examination, and further was in practice in England before the 1st October, 1858, he would seem to be fairly entitled to be admitted on the register, but this has been denied him. The correspondence of Dr. Thomas with the registrar of the Medical Council is before us—very amusing, but too voluminous to be given entire. The reason alleged at one time for refusing to insert Dr. Thomas's name on the register is shown in the following letter :

" MEDICAL REGISTRATION OFFICE,
" 82, Soho Square, London ; October 25th, 1859.

" SIR,—I am directed by the Registrar of the Medical Council to inform you that the Branch Council for England at their meeting on October 19th, resolved—That no sufficient reason

had been shown for ordering your registration as Doctor of Medicine of the Homœopathic College of Pennsylvania.

"I am, Sir,

"Your obedient servant,

"W. H. PORTER."

This was a mere evasion of the subject, for Dr. Thomas did not apply to be registered on the ground of alleging "a sufficient reason" for being registered, but on the ground that he could show "certificates of having taken the degree of Doctor of Medicine after regular examination."

So, not being content, as was natural, with their reply, he insisted on some other answer from the Medical Council, who, driven to desperation, thought they discovered a loophole for escape from the performance of their plain duty in the word "regular" in the Act; and this was the reply now sent:

"MEDICAL REGISTRATION OFFICE,"

"32, Soho Square, London; November 19th, 1859.

"SIR,—I am unable to enter your name in the Medical Register, because the Medical Council are not satisfied by the returns from America that you were regularly examined before you obtained the degree of M.D. * * *

"I am, sir,

"Yours faithfully,

"FRANCIS HAWKINS."

This not satisfying Dr. Thomas, he elicited the following letter from the registrar:

"MEDICAL REGISTRATION OFFICE,

"32, Soho Square, London; January 4th, 1860.

"SIR,—I am sorry to inform you that the Branch Medical Council for England are of opinion that sufficient reason has not been shown for ordering the registration of your diploma of M.D. of the Homœopathic College of Pennsylvania.

"I beg to return herewith your testimonials, and am, sir,

"Your most obedient servant,

"FRANCIS HAWKINS,

"Registrar."

So the Medical Council, driven out of their plea of "no regular examination," fall back on their former plea of "no sufficient reason," and with this the correspondence ends.

That the Medical Council have no legal right to refuse Dr. Thomas would appear from the following counsel's opinion :

IN *Re* DR. THOMAS.

"1 and 2. I have no doubt that the Medical Act was not intended to vest in the Council a discretion which they might capriciously exercise to the exclusion of any practitioner who is really entitled to be on the Register; nor, indeed, any 'discretion' at all in the popular sense of the term. If the documents produced are such as ought to satisfy any reasonable mind, the Council are bound to hold them to be satisfactory. The question will ultimately be for a jury to say, whether, as reasonable men, they were not satisfied with the evidence produced, notwithstanding what they stated to the contrary, and, I think, a jury would not hesitate to find in favour of Dr. Thomas.

"3. I advise him to serve a written demand on each member of the branch council for England and on the registrar, to be forthwith placed on the Register, and stating that if this demand be not complied with, or a satisfactory reason for non-compliance be not given within a specified period (which should be long enough to give them a fair opportunity of meeting and considering the matter), such proceedings would be taken against them individually or collectively, or both, as Dr. Thomas should be advised.

"The £2 should be again tendered to the Registrar.

"If they still refuse, I advise an application for a *mandamus*.

"ROBERT LUSH.

"Temple,

"9th January, 1860."

It is doubtful whether Dr. Thomas will have recourse to the expensive process of *mandamus* advised above, or whether the might of the Medical Council would not still prove more powerful than his plain and obvious right; but at all events, Dr. Thomas is much to be pitied at being the victim of this arrogant council.

Studies and Experimental Researches on the Basic Nitrate of Bismuth. By Dr. TH. PLAGGE.*

THIS substance appears as an inodorous, tasteless, pure white, free powder, in small crystals, which, when recently prepared in a large quantity of water and well dried, is soluble with difficulty in cold, but much more easily in boiling water. It is easily soluble in nitrous acid, with which it forms an acid salt (*Subnitrate of bismuth*). It is rapidly and easily coloured brownish-black by sulphuretted hydrogen, especially if it is moistened. (It is in consequence of the presence of that gas in the intestinal canal that we see the *fæces* coloured greyish-black after taking a great quantity of the *Bismuth*.) When thrown into the fire, it puffs a little, like saltpetre, and in a dark room diffuses a red light. As it is highly important to the practitioner to employ a perfectly pure and trustworthy preparation, he should, above all things, if he wishes to make exact experiments with it, ascertain whether the chemists prepare it according to prescription and with the needful care. If he can be directly assured of the mode of preparation, no further chemical test is necessary; but if he cannot, he must next examine whether the medicine does not consist partly or *in toto* of inert *Carbonate of bismuth*, the origin of which adulteration is that the chemist in the usual process employs water not distilled but *mixed* with *Carbonate of soda*, in order to obtain a more abundant precipitate; it is soon detected if the preparation on being dissolved in nitric acid effervesces, and the solution when diluted with water yields a white precipitate. If it effervesces without yielding any precipitate on the addition of water, then it is adulterated with chalk or white lead. If, in dissolving it in nitric acid, part remains undissolved, then it contains gypsum. If it is mixed with starch, it forms with hot water a paste which is coloured blue by *Iodine*. Then one has still to try whether the substance be nothing more than *hydrate of the Oxide of bismuth*, in which case it dissolves in nitric acid without effervescing; but when sulphuric acid is added, does not evolve orange-coloured nitrous acid fumes. Finally, in taking large doses (say half a drachm and more per day) one has to test it in the usual way for a possible contingent of *Arsenic*.

Effects.—If, from the present standing-point of medicine, and

* From *Allg. Hom. Zeitung, Monatsblatt zum 74 Bd.*, April, 1867.

especially through the reaction of pathological anatomy against the "symptomatic pictures of disease" of the old school, we must admit that many medicines which have done the best service to that school have, in these days, been justly thrown overboard; yet, on the other hand, we cannot deny that certain remedies continue to keep their old reputation because they have power to remove certain anatomical changes, and thereby certain definite functional disturbances too. To this class, warmly recommended by old authors and not yet obsolete, belongs *Magisterium bismuthi*, although our clinical teachers and their disciples, as well as the old school, consider and employ it only as a specific for fits of cardialgia.

On the contrary, I have seen it act, not only as a palliative, but as radically curative, in all cases where it could be ascertained with certainty and on physiological grounds that erosion or follicular ulceration was present on the mucous membrane of the gastrointestinal canal, a condition which is concealed under such forms as cardialgia, gastralgia, cramp of the stomach, menstrual colic, chronic diarrhoea, lientery, atrophy, and senile chlorosis; conditions also which, by means of morbid reflex action of the central nervous system, give rise to various kinds of hyperæsthesia, spasmodic attacks, and moral derangements (the "hypochondria" and "hysteria" of the old physicians). Now, in all these morbid conditions, when caused by superficial ulceration, I have seen the local and general symptoms radically cured by energetic treatment with *Magisterium bismuthi*.

Along with the cessation of the local phenomena the whole host of reflex accidents disappeared also. Nutrition gained ground rapidly, nay, even corpulence set in in the case of persons extremely emaciated; anæmia disappeared without taking chalybeates, as well as neuralgia, spasms, and dejections; and, in short, perfect health was re-established solely and entirely by the use of that one medicine. The dose is not yet definitely fixed; and one is especially afraid of large doses because of two observations, viz., one reported by Pott, and a second in the *Heidelberg Clinical Annals* (vol. v, p. 348), where, after a dose of two drachms, vomiting and diarrhoea set in, followed by great prostration and small pulse. Trousseau has already thrown light upon these cases in his *Traité de Thérapie*, vol. ii, p. 774. He says "*Bismuth*, in its impure state, contains a more or less considerable amount of

Arsenic. Unless this is removed before the preparation of the *Nitrate of bismuth*, cases of *Arsenic* poisoning, as observed by Pott, &c., occur after taking large doses." But if the preparation be made with pure *Metallic bismuth*, one may boldly take from a scruple to a drachm per day without experiencing any hurtful effect whatever, as Pott proved on himself repeatedly, so he often gives patients thirty grains per day without producing any one of the symptoms detailed by Pott.

Finally, neither in Pott's numerous experiments on animals, nor in post-mortem examinations of cholera subjects who took large doses (above a drachm) of *Magisterium bismuthi*, did the mucous lining of the stomach and intestines show the least trace of those phenomena which arise after corrosive metallic salts, but a thoroughly normal condition. The medium dose which Pott gives is five grains three times a day; and he has found that the exhibition of the first dose answers best between 9 and 10 a.m., the second 4 p.m., and the third between 9 and 10 p. m. As to the form, this medicine, being all but insoluble in water, is only given in a solid form, such as powder, boluses, pills, or lozenges, the last of which Pott considers only suited for children, and prefers the powder where the ailment is seated in the œsophagus, cardia, or gastric region; the bolus in the pylorus or small intestines; the pill in the great intestines. Hence the greater or less solubility of the vehicle in the bolus or the pill has to be regarded.—*Memorabilien*, Dec., 1866.

Kali Chloricum for Cancer in the Face. Dr. BOSCHER.*

ENCOURAGED by the favorable experience of Dabout, Bergeron, Leblanc jun., Milon, Velpeau, Ricord, and others (Schmidt's *Jahrb.*, Bd. 125, Hft. 2, s. 170) on the employment, chiefly external, but also internal, of *Kali chloricum* for cancerous affections, epithelioma, foul ulcers, cancrroid, cancer of the skin, cancrroid of the rectum, &c., the author, in the summer of 1865, tried this remedy in the following case.

A lady, æt. 60, very feeble, emaciated, and suffering from emphysema of the lungs, married, and the mother of seven children, had four or five years before observed a wart-like excrescence exactly on the middle of her forehead. It was not

* From *Allg. Hom. Zeitung, Monatsblatt* zum 74 Bd., April 1867.

particularly painful, only it kept increasing in height and breadth, lost the epidermis, and began to be sore, discharging a thin ichorous fluid.

During the employment of various domestic remedies it gradually took the form of an ulcer, on the foul whitish-grey base of which spongy excrescences arose, which kept bleeding more or less from time to time, but also now and then sloughed away of themselves.

The surgeon who was now called in, rightly pronouncing it a cutaneous cancer (there was no ground whatever for supposing a syphilitic ulcer), had employed the *Chloride of zinc* paste, but in such sort that not only the cancerous ulcer itself (exhibiting a circular base as large as a crown piece, extremely foul, greyish white, reticulated with transverse grey fibres, and bleeding easily from the intervening cells), but also the healthy skin for an inch or two all round was severely cauterised.

Although the case could not now be considered a "pure" one for Homœopathy, i. e. an attempt at cure had been made with a rational remedy on the base of the ulcer, though as yet wholly without success, the author resorted to *Kali chloricum*, which he applied with compresses every two or three hours, dissolved in distilled water in the proportion of one to six, and afterwards, as it was almost entirely dissolved, one to twelve. The result was so startling that in eight days the healthy parts corroded by the caustic were almost healed; in fourteen days a clear demarcation was formed between the cancerous ulcer and healthy skin; in three weeks the cancerous base of the ulcer had completely sloughed off, and in five weeks a fair, smooth, white cicatrix had formed, without any suspicious hardness either in its depth or anywhere around it.

When the author had the same patient under treatment at the end of December for pneumonia, the scar had still the same fair and healthy appearance; the cure seemed to be a permanent one, and this remedy seems, on the ground of this experience, to deserve all respect and commendation, considering that it can be used without any remarkable inconvenience to the patients, in contrast to the excessive painfulness of our heroic remedies and treatment.—*Würtemb. Med. Corr. Bl.*, 1867, 4; *Med. Central-Em. Zeit.*, 1867, 17.

Acute Poisoning by Phosphorus; Jaundice; Death on the Fifth Day; Fatty Degeneration of the Liver, Kidneys, Gastric Follicles, Heart, Voluntary Muscles, &c.

THE patient, a young healthy woman, took some *Phosphorus* rat poison mixed with water on January 10th. It was supposed that about three grains of *Phosphorus* were taken. Burning sensation in the mouth and throat came on; the breath was phosphorescent; vomiting and purging soon followed; but these primary symptoms subsided in two hours. The bowels were then freely acted upon by *Salts* and *Senna*, and occasional vomiting took place; but for nearly forty-eight hours there was retention of urine. On the fifth day she was brought to Guy's Hospital. She was then jaundiced; the face was red and blotchy; the mind perfectly sensible, but irritable. She had slight pain at the stomach, but her principal complaint was of severe pain in the loins, which had commenced on the day of admission. The abdomen was distended, and the liver much enlarged; no pulse could be felt at the wrist, and the heart's action was extremely feeble. A small quantity of albuminous urine was passed after admission. The temperature of the body was very low. She subsequently rallied a little, but died suddenly nine hours later, after an attack of vomiting. On inspection numerous ecchymoses were found in the skin, mucous membranes, glands, and serous membranes. The brain was healthy; the heart contained small clots of blood. In the stomach and small intestine were black fluid and mucus; the mucous membrane was much congested, especially in the ileum. There was no abrasion of surface. The liver was large and very fatty, and its cells were distended with oleaginous globules. The kidneys were pale, and the uriniferous tubes were distended, almost wholly with highly refracting granules; the pancreatic cells contained fat, and still more so the gastric follicles; the spleen presented numerous highly refracting granules instead of cells. The voluntary muscular fibres were partially degenerated, some fibres presenting transverse markings, others consisting of highly refracting granules; the heart also was similarly but partially degenerated. A single grain of the *Phosphorus* paste given to a rabbit caused death on the fourth day, and its structures presented a striking contrast with those of a healthy rabbit; the liver was pale and

fatty in a marked degree, and the voluntary muscular fibres from the thigh had undergone rapid degeneration. Reference was made to the chronic changes of the jaw produced by *Phosphorus*, and to the frequent occurrence of poisoning by *Phosphorus* on the Continent. It was mentioned that similar acute fatty degeneration, with jaundice, and unexpected death from a form of syncope, were described by Continental observers. Especial reference was made to the work of M. Tardieu, who describes poisoning by *Phosphorus* under three forms. The first being accompanied by symptoms of gastro-intestinal irritation, followed by pains in the loins, jaundice, failing circulation, and sudden death, or death from coma. The second form, called nervous, on account of the predominant character of the cerebro-spinal symptoms. And the third hæmorrhagic, from the changes in the blood with purpura being more distinctive. In the last class of cases the course was slower. The author referred, first, to the low temperature of the patient on admission— 89.8° , afterwards rising to 91° ; secondly, to the exhausted functional state of the vaso-motor nerves; and, thirdly, to the comparative immunity from pain in the abdomen, although there was acute inflammation of the stomach and intestines. He also dwelt upon the importance of bearing in mind acute poisoning by *Phosphorus* as a cause, first, of acute jaundice, with degeneration of the liver; secondly, as producing intense exhaustion of the power of the vaso-motor nerves; thirdly, as including somnolence and coma, like uræmic poisoning; and, lastly, as constituting one form of purpura hæmorrhagica.—*Medical Times and Gazette*, April 13th, 1867.

Two Cases of Poisoning by Over-doses of Fluid Extract of Gelseminum. Reported by R. P. DAVIS, M.D., of Parkersburg, Va.

On the evening of October 6th, 1866, I was called to see a young lawyer of our city who was reported as being very ill. I answered the call immediately and found him in the following condition:

He was lying on his left side, face somewhat congested, pupils

dilated, but responding to the different degrees of light; eyelids half closed, with apparent inability to move them; lower jaw drooping, and his tongue, to use his own expression, "was so thick he could hardly speak;" his skin was warm and moist; pulse small and feeble, and his respirations somewhat diminished in number. He had neither purging nor vomiting.

Upon my questioning him regarding his condition, he told me that he and a friend had "been enjoying themselves in a social way for some three or four days," and that nothing was the matter with him now "but extreme nervous prostration." He also told me that he had not taken medicine of any kind. Thinking, as he did himself, that he was merely prostrated from excessive dissipation (he being of a very delicate constitution), I ordered him a brandy-punch, and went to the drug store for some medicine.

Whilst waiting for the prescription to be filled, his friend S. came staggering into the store, saying, "I am blind; I cannot see. What in the world is this I have taken (at the same time showing a bottle)? My friend B. is in the same fix." I examined the bottle, and found it plainly labelled, "*Fluid Ex. Gelseminum.*" I asked him how much he had taken. He replied, "B. and I have each taken a tablespoonful." I immediately sent my student, Mr. White, to see Mr. B. and give him an emetic, with other remedies to be given after he had vomited. I then gave Mr. S. an emetic, which acted freely; after which I gave him *Quin. sulph.* ʒj, in *Spt. vin. gal.* ʒiv. In a few minutes Mr. White returned and said Mr. B. was dying; and that it was with great difficulty he got him to swallow the emetic, which had not acted. Dr. A. G. Clark accompanying me, we hastened to where Mr. B. was, and found him in a dying condition; pupils widely dilated, spasmodic breathing, surface cold and congested, pulse almost imperceptible, and totally unconscious. Mustard was applied to the extremities, his body sponged with hot brandy, and artificial respiration, but all to no effect. He died at 8.30 p.m., about two hours and a half after he had taken the poison.

I returned to Mr. S.; found him inclined to sleep, with deep respiration and a numbness of the whole body. I repeated the *Quinine* and *Brandy*, but in only one half the quantity given before, and kept him walking about with the aid of two of his

friends. At 10 o'clock he was feeling quite comfortable. Considering him out of danger I sent him to bed, when he slept soundly all night, waking in the morning, feeling, as he said, "quite well, but weak and dizzy." He recovered without any further difficulty.

The fluid extract taken by the above parties was prepared by Tilden and Co., of New Lebanon, N. Y. There being no antidote to poisonous doses of *Gelseminum* given in the *U. S. D.*, I was at a loss to know how to act or what to do. But acting upon general principles, I first vomited Mr. S. freely, and then gave him the large doses of *Quinine* spoken of above. My reasons for giving the *Quinine* were these:—*Gelseminum* being a powerful nervous sedative, when taken in large quantities, acting upon the brain and nervous system generally, and *Quinine* being a cerebral stimulant, I thought that large doses of *Quinine* might rouse the nervous centres to action, through this to restore tone and vigour to the heart, and equalise the circulation. I am satisfied that *Quinine* had a good effect, for Mr. S. had taken the *Gelseminum* nearly ten hours before he took the emetic, giving the system time to come thoroughly under its influence. I am satisfied that, had Mr. S. waited and sent for a physician, he would have shared the same fate as his friend and companion; that the time lost in so doing would have placed him beyond the reach of medical assistance.—*Medical Press and Circular.*

Relief for Spasmodic Asthma.

HAVING been a sufferer from frequent, severe, and protracted attacks of spasmodic asthma for a period of fifteen years, and having, by accident, hit upon a means for speedy relief, I am induced to present the same to the profession, in the hope that by its adoption it may prove as beneficial to such as are subject to attacks of this distressing affection as it has been to myself and to some of my patients.

In December, 1865, I was having a severe attack of asthma one evening, about nine o'clock. I placed myself standing at the foot of my bed, with my arms folded upon the foot-board for a

pillow, the forehead resting upon the folded arms, and the feet placed a sufficient distance to make a partial semicircle of the body. While labouring severely for air, the thought occurred to me to cease breathing for a few seconds. I did so, and after several trials I felt some relief. I then expired all the air that it was possible to, after which I determined not to inspire again until I found it absolutely necessary. I succeeded in waiting several seconds, then inspiration was carried to its fullest capacity, and retained with great effort for many seconds. This act of forced expiration, waiting, thorough inspiration, and again waiting, was continued for some fifteen minutes, and to my delight the spasm was perfectly relieved. I have since relieved several similar attacks, by the same method, in less than two minutes.

I have advised this course for many others, and their testimony has been uniformly satisfactory, except in one instance, that of an aged lady, with heart disease. It requires a great effort on the part of the patient to perform the act. It is well for the medical adviser to perform it personally in presence of the patient, and then desire him to perform it once or twice under his supervision. The first attempt of retaining the inspired air during the asthmatic attack will cause the patient to think he cannot continue it, but perseverance will soon delight him with relief from the spasm.—*Dr. J. S. Monell, in the Medical Record.*

Mode of Infection of Itch.

THE way in which scabies is communicated (for it is evidently the disinfecting of clothes that "C. L." has in his eye) is not as "C. L." and certain of his professional brethren fondly imagine—viz. by the walking over of an *acarus* from the skin or clothes of the infector to the skin of the infectee, but by means of the germs or ova of the *acarus*. Now, if we can reduce the question down to that, "C. L." may call to mind, as a well-known fact, the very severe cooking that the ova of the lowest members of the animal kingdom will undergo (and the *acarus* is zoologically, as well as ethically, a very low insect indeed) without their suffering any very great damage. "But," "C. L." might interpose,

“you *haven't* reduced the question down to that.” Let me do so. In the first place, to establish a new colony, it will not suffice that a male acarus, however potent in himself, should step across from one person to another, nor that an unimpregnated female should alone. They must go in pairs, like the animals into Noah's ark, or else the race cannot be perpetuated. But imagine a single pregnant female crossing, and the thing is done. As soon as she brings forth her litter the colony has begun. But the acarus is not adapted for these Leotard-like feats, and the pregnant female is always deep in the epidermis, tunneling her way on, and laying her eggs as she goes. Now, as she tunnels, she, like all other engineers, makes air-holes through to the surface of the epidermis (these may be readily seen with a weak lens). Through these the young acari, when hatched, escape, to settle in some more or less distant part of the skin, if not disturbed before they are hatched. But the unhatched ova are as fine as the pollen of a plant, and if the moist skin of the infectee only touch the skin of the infector, which is pierced with these little pores, which are full of half-extruded ova, several of them are sure to stick to the infectee's skin, and so (*nefandum dictu*) he catches the itch.—*Medical Times and Gazette.* *

General Observations on the Preparations of Conium and the Extraction of Conia. By DR. JOHN HARLEY.

THE author having called attention to the conclusion to be derived from his previous experiments with the *Tinctura Conii fructus P.B.*, and the *Tinctura Conii P.L.*, communicated to the *Pharmaceutical Journal*,* January and February, 1867, proceeded to show that the dried leaves of *Conium maculatum* contain but a mere trace of *Conia*. He described a process by which *Conia* may be obtained without the usual operation of distillation with *Caustic potash*. By making comparative experiments with the

* In these communications Dr. Harley has shown that the preparations alluded to may be administered with impunity in f ʒij doses, and that the only apparent effects which follow are those resulting from the action of so large a quantity of alcohol.

two processes, he was able to state that the one employed by him was the more productive. In the ordinary process the *Conia* appears to undergo several changes. One of the products of its decomposition, and apparently a new body, was placed upon the table, together with the results of several operations for the extraction of *Conia*. As a general consequence of his investigations, Dr. Harley condemned the use of any part of the dried plant in medicine, and did so, he observed, without hesitation, since, from experiments upon himself and others, he was able to show that the *Succus Conii* of the *British Pharmacopoeia* is in all respects a most efficient preparation, and one which possesses in a powerful degree the poisonous properties of *Hemlock*. He described the following effects of the succus, prepared by Mr. C. F. Buckle, of 77, Gray's Inn Road, upon himself:

"December 10th, at 11.30 a.m.—I took f ʒij with a little water and remained quiet. No effect followed.

"11th, at 10.30 a.m.—Took f ʒiij. Three quarters of an hour afterwards a heavy clogging sensation in the heels was suddenly experienced. The effect became very decided, and was clearly due to direct impairment of muscular power. On putting a foot upon the scraper at the hospital door, the other leg felt almost too weak to support the body. Unusual exertion was required to effect the movements of the body, and it seemed to me that they were heavily and clumsily performed. Giddiness was induced by looking at a blazing fire at the distant end of the ward, and this appeared to be due to want of power in the muscular apparatus of the eye to fix the gaze firmly enough upon the shifting flames to enable me to get a good definition of them. The real explanation of the phenomenon was furnished by the next experiment. Two hours and a half after taking the drug the effects had totally passed off, and I walked away briskly a distance of two miles. The maximum effect was apparent one hour and a quarter after taking the dose.

"17th, at 10.45 a.m.—I took ʒvss of the succus. Three quarters of an hour afterwards disorder of vision suddenly came on. It was a feeling of giddiness induced by shifting the eyes from one object to another. So long as the eyes were fixed upon an object, the capacity of vision for, and the definition of, the minutest objects were unimpaired, but the instant the eyes were directed to another object all was haze and confusion, and in order to

remove these effects it was necessary to arrest the eyes upon a given object, and there retain them with fixed gaze. It was clear to me that the adjusting muscular apparatus of the eye was enfeebled, and that its contractions were so sluggishly performed that they could no longer keep pace with those of the external muscles of the eye. At 11.45 this derangement of the muscular apparatus of the eye was much increased, and the implication of the third nerve was still further indicated by great dilatation of the pupils and approaching paralysis of the levator palpebræ muscles. It now required considerable effort to raise the eyelids, and a general muscular lethargy rapidly spread over the body. At 12 noon I first felt weakness in the legs, especially apparent in the hamstring muscles. At this time I was cold, pale, and tottering, and afraid to retain the sitting posture lest the muscular lethargy should get the better of me and result in general paralysis; I therefore walked about and tested the strength of my tottering legs. The mind remained perfectly clear and calm, and the brain active, while the body seemed heavy and well-nigh asleep. There was, in fact, a direct diminution of power in all the voluntary muscles, almost amounting to paralysis, and of all the motor nerves the third was the earliest and most deeply affected. At one time it required the greatest effort to raise the eyelids. On the first sudden approach of the above-mentioned effects the action of the heart was, most probably from a feeling of alarm, considerably excited, and the pulse was small; tranquil action, however, was restored in a few minutes, and the pulse attained a natural and regular action, numbering 68. At 2 p.m. all effects of the *Conium* had passed off, and the rest of the day was employed in active mental and bodily occupations."

The author stated that he was still employed in the investigation of the medicinal value of the ordinary extract of *Conium* and of a succus and extract of the fresh root; that, so far as his inquiries went, he found the extract—even that which was most carefully prepared from the powerful succus employed in the above-described experiments—contained but a trace of *Conia*, and appeared to be destitute of active properties in ordinary doses. Having distinguished the useful from the useless preparations of *Conium*, the author concluded with expressing a hope that the latter would be excluded from the *Materia Medica*, and that practitioners would rely upon the succus alone, which, in the

smallness of the dose, in almost complete absence of taste and odour, and in potency and certainty of action, combines all the requisites of a useful and valuable medicine.—*Medical Times*, March 23rd, 1867.

BOOKS RECEIVED.

Addresses to the Committee and Subscribers of the Bristol Hospital for Sick Children; and Correspondence, by EUBULUS WILLIAMS, M.D., &c., 1867.

Hale's New Remedies, Second Edition, Parts VII and VIII.

Catalogue des Modèles, &c., de la Gymnastique Médicale à l'Exposition Internationale de Paris, du Dr. M. ROTH, 1867.

The American Homœopathist, vol. iii, No. 2.

The Ohio Medical and Surgical Reporter, vol. i, No. 3.

Beschreibung der in der hom. Pharmacopoe aufgenommenen Pflanzen, von. Dr. H. GOULLON. Parts I and II, Leipzig, Baensch., 1865.

The Hahnemannian Monthly.

The New England Medical Gazette.

The Monthly Homœopathic Review.

The North American Journal of Homœopathy.

The American Homœopathic Observer.

The Western Homœopathic Observer.

The Chicago Medical Investigator.

L'Art Médical.

Bulletin de la Société Homœopathique de France.

El Criterio Medico.

Neue Zeitschrift für Hom. Klinik.

The Indian Daily News, several numbers.

THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

THE EVILS OF INTOLERANCE.

WHILE persecution for difference of opinion is almost abandoned by the theologians of civilised countries, or at all events may be said to be confined to the peninsula beyond those Pyrenees which the first Napoleon vainly boasted he had levelled, it still forms in every country one of the favorite weapons of the profession of medicine, which absurdly arrogates to itself the title of liberal ; and a curious and instructive collection of penal laws against liberty of thought might be gathered from the existing codes of many of the medical societies, associations, and colleges in this and other countries. Nor are these laws allowed to remain a dead letter, for not a year passes but they are put in force against all who dare to avow their belief in the excellence of the therapeutical principle enunciated by Hahnemann. And yet the medical persecutions of the present time present a curious difference from the theological persecutions of former days. While the theologians held a distinct and well-defined creed, and persecuted with strict impartiality all who presumed to hold opinions diverging in any and every direction from this standard or orthodox creed, the dominant medical faculty allows every difference of opinion, and persecutes only those who profess a distinct and definite

creed in medicine. Hence, we see the strange phenomenon of a medical church, without a creed and without articles of belief, arrogating to itself the title of orthodox, and branding as heretical the only section of its body which professes a distinct therapeutical creed and possesses well-defined articles of belief.

The absurdity of a number of men holding the most diverse therapeutical opinions meeting in solemn conclave to condemn some of their brethren, from whom many of them differ infinitely less than they do from some of their associated inquisitors, does not seem to strike these learned pundits, though impartial onlookers must wonder how these augurs can look in one another's faces without laughing. Persecution from the standpoint of a fixed belief, and backed by the power of the secular arm, has often succeeded in stifling the persecuted opinion and exterminating a heresy; but persecution from the standpoint of a negation of all belief, and backed by no power, can only result in forwarding the opinions persecuted. What a pity it is that our would-be persecutors are unable to apply to themselves the lesson taught by the persecutions for opinion of past ages! Without the full aid of the secular arm, which was only accorded when heresy was believed to be allied with dangerous political tenets, persecution has ever been powerless to arrest the march of liberty of thought, and, in fact, has ever tended to bring its employers into contempt.

The persecutions of the dominant school of medicine resemble less the stately and sometimes effective persecutions of the ancient theologians than they do the underhand and dastardly proceedings of modern trades' unions. "Rattening," or filching the tools of an obnoxious member, has its parallel in the endeavours, occasionally made with success, to deprive a colleague of his fairly earned diploma, and the attempt to injure by dubbing a man a "knobstick," or a "black," is closely imitated in the terms "quack" and "knave" so freely applied by the medical unionists to dissenting members. Strikes against a non-unionist are accurately copied when a physician or surgeon of the old school refuses to give an opinion or perform an operation in the

case of a patient of homœopathic proclivities until the latter shall promise to put himself under the care of a non-homœopathic practitioner. Picketing, blowing-up, and secret assassination have not yet been introduced into the tactics of the medical unionists; but it may be expected that, as they find the other measures fail, they may consider it advisable to imitate their trade antitypes in these severer measures.

The excuse alleged by the Sheffield trades' authorities for their persecutions—that they were compelled to adopt them until the rules they had devised for bringing and keeping all artisans within their union should be made legal—may be equally urged by the medical unionists. Hitherto the law has steadily refused to adopt the prejudices of the reigning medical faculty, and has persisted in regarding doctors who practise according to a definite therapeutical rule and those who do not as equally worthy of its protection. The active partisans of medical unionism are, however, not to blame for this state of things, for, as most of our readers remember, the famous Medical Act was at first chiefly intended to legalise the rattening, knobsticking, and blacking processes, by legally excommunicating and extinguishing all who were guilty of what they themselves should decree to be irregular practice. As Broadhead, of Sheffield notoriety, regretted that an Act of Parliament did not save him the trouble and expense of enforcing his union rules by his hired agents, so the medical unionists have never ceased to lament that the Medical Bill was deprived of all those clauses that would have made short work of the knobsticks of the profession.

In one respect the trades' unionists contrast favorably with the medical unionists. While the former never despair of bringing a strayed member or a non-member into their united happy family, and direct all their efforts to this aim, the latter at once treat as hopelessly irreclaimable enemies all who secede from their union, and their constant efforts are directed to blacken morally and annihilate professionally the seceders. If a member show the slightest respect for the tabooed subject, if he but meet professionally any prac-

tioner of the heresy, he incurs permanent exclusion from the medical union. By paying a small fine the erring trades' unionist is restored to all the rights and privileges he formerly enjoyed; but when he has once resisted the authority of the medical union, the medical artisan is for ever excluded from its happy precincts. "Lasciate ogni speranza" is hurled at him, and the torments of his "Inferno" are kept up with unabated intensity to the last.

The attitude of the dominant school towards homœopathy is pitiful, illogical, and suicidal. Unable to agree amongst themselves as to any doctrine or rule of medical practice—indeed, openly professing eclecticism, empiricism, and scepticism—they instantly agree as one man to condemn all who profess belief in a therapeutic rule. In all the controversial writings of our adversaries we search in vain for a therapeutic rule to supersede the one they endeavour to upset. While the whole artillery of their wit and satire is directed to turn into contempt and ridicule some of the peculiar modes of practice or irrelevant theoretical opinions of some of Hahnemann's disciples, or to pervert and misrepresent the great cardinal principle of his doctrine, no attempt is made to substitute any rule of practice for ours. On the contrary, the search for such a rule is condemned as futile, and practice according to rule denounced as unscientific in the teeth of reason, and branded as pernicious in the face of facts. The advocates of the old school having no case, follow the well-known legal precedent of abusing their opponents' counsel. This manœuvre is, however, as unsuccessful as it deserves to be, and the consequence is that, in every trial before a common-sense and unprejudiced jury, a verdict has been given in favour of the homœopathic advocate. However, all juries are not unprejudiced nor endowed with common sense, and some are more inclined to think that party in the right who can use the strongest epithets and indulge in the greatest amount of abuse. And this is a style of argument that belongs more appropriately to the attacking than to the defending side. Thus reason and unreason have each their partisans among the non-medical, or patient public; and if Homœopathy can claim as its

supporters the intelligent and thinking portion of the community, the unintelligent and unthinking part, who still form the great majority, are content to pin their faith to the practitioners of old and irrational medicine.

Though the conduct of the old-school practitioners is in the highest degree illogical, and most pitiful in the representatives of a liberal art, it may be thought by them to be conducive to their own interests. And this is the feeling that actuates most of our opponents in their opposition to Homœopathy. Some, assuming the "high falutin" style, explain their illiberal conduct towards us by affecting to consider Homœopathy as a system so unscientific, that to acknowledge it even as a method of treatment would be to endanger and invalidate their own claims to science. Such was the ground taken by the College of Physicians on the memorable occasion when they were requested by Parliament to admit into their report of the treatment of cholera in London the statistics of the Homœopathic Hospital. But others unaccountably look upon us as professional rivals, who, by false pretences and unprofessional arts, seduce their patients from them, and take, as it were, the bread out of their mouths. Nothing can be more erroneous than this idea. We are colleagues, not rivals; and if we practise differently from our neighbours, we practise fairly and above board, and would only be too happy were our colleagues to avail themselves of the improved methods we have adopted, which they are perfectly free to do. If we have in some cases more than our fair share of patients (which we do not believe to be often the case), our greater popularity is owing to the superiority of our tools, and not to any unprofessional arts. Here and there the personal qualities or superior professional tact of a homœopathist may obtain for him an immoderate share of patients. But precisely the same thing occurs in the old school, and we venture to assert that no homœopathist in the kingdom possesses a tithe of the *clientèle* of some of the most fashionable allopathic practitioners.

But others of our opponents ground their opposition to Homœopathy on their knowledge that Homœopathy cures

much more quickly and much more cheaply than any other method, thus cutting off in two directions the emoluments of medical practice. It is to be hoped that our opponents on this ground are few in number, but we fear they are not so few as we could wish for the honour of our profession. We remember some time since meeting an old practitioner of this sort, who, after lamenting the sad effects on medical practice of the extended drainage and sanitary improvements of towns, which had caused an almost total disappearance of "those grand old fevers which used to last six or eight weeks, and required two or three visits a day—a handsome income to the doctor, sir;" inquired if Homœopathy was a good paying system. We replied that, on the contrary, its tendency was greatly to reduce the duration of diseases; upon which he expressed his disgust, and vowed he should never take to practising Homœopathy. In fact he seemed to look upon us as a thorough-going trades' unionist regards a fellow-workman guilty of the offence of "chasing," and we had the pleasure to see no more of him.

As before observed, the attitude assumed by our old school colleagues towards Homœopathy is suicidal. While it does us no injury, it does themselves much harm. They excuse their impotent persecution by alleging that it would be *derogatory to the honour of the profession* to meet us in consultation, or to allow us to remain in their societies or colleges. But this is an excuse which the non-medical public justly hold to be precisely equivalent to the process of "blackening" practised by trades' unionists against non-unionists, and they are shocked to observe that members of a liberal profession can degrade themselves so far as to imitate one of the worst features of trades' unionism. This "blackening" manœuvre, too, like its parallel among the working classes, is practised in obedience to superior orders, and often much against the will of those exercising it. It has happened over and over again, and instances must be familiar to every homœopathic practitioner, that partisans of the old school have said to a homœopathic colleague, "I have no objection to meet you in consultation for a

medical opinion, or to perform an operation, but I dare not." Thus a terrorism is exercised in the great Medical Union precisely similar to that we know to exist among trades' unions, and medical men are frequently compelled to act contrary to their own feeling of what is right and proper. Instances are not rare where a surgeon following the dictates of his good feeling and common sense in aiding a homœopathic colleague has been practically ostracized by his bigoted brethren, and even compelled to cry "peccavi," and promise not to do so again, as happened with Sir William Fergusson.

Such conduct, in place of driving patients away from Homœopathy, has a precisely opposite effect. Patients are of course not likely to have their judgment warped and prejudiced by the trades' union feelings of the doctor, and accordingly they judge of this conduct by the ordinary rules of common sense. The persecution seems to them to be quite unfair, and to be dictated by a notion that Homœopathy is too dangerous a rival to be allowed fair play. Hence the patient public are rather disposed to estimate too highly the excellence of a system which they see treated in this manner. And this accounts for the fact which all of us have observed, that many patients when they come to consult a homœopathic practitioner for the first time expect him to perform a miracle, and are sadly disappointed and often disgusted if he fail to cure in a few days what the most eminent of the old faculty have been hammering away at in vain for months or even years. On the other hand, should the patient's expectations be realised by the rapid cure of some long-standing neuralgia or other nervous affection, his belief in the miraculous potency of homœopathic treatment is confirmed, and he often brings ridicule on the system and its professors, by his exaggerated laudations. But on the whole the excessive denunciations of the allopathic school being found by all who have the slightest experience of Homœopathy to be totally unmerited, have a tendency the very opposite of what our adversaries desire, viz. to strengthen the confidence of our patients in us, to increase their numbers, to inspire them with an inordinate

dislike to all the procedures of the old school, and a feeling of contempt for its professors. Thus the unfair abuse of our adversaries reacts injuriously on their own material interests, by diminishing the number of their patients, and increasing the animosity of the avowed believers in Homœopathy. It also affects them injuriously in another way, for homœopathic practitioners, finding they can obtain no assistance in surgical cases from partisans of the old school, have discovered among their own homœopathic colleagues skilful surgical operators, who are confidently entrusted with the care of those cases which formerly were monopolised by our adversaries. In this country we have several of these skilful surgeons among our body, and in America our homœopathic colleagues can show many operators second in no respect to the best the old school possesses.

But the unjust outlawry of the old school acts injuriously on our opponents in another way. Such is the violence of the prejudice against us, that every remedy discovered by homœopaths is rejected by our opponents just because it comes from us. Hence remedies of the most undoubted and indisputable value are either lost altogether to the old school, or only accepted by them after they have been used for many years by us, and then only if they are introduced into the old system in an indirect manner. As thus:—some astute member of the old school having become convinced of the efficacy of a well-tried homœopathic remedy, announces it to his colleagues, not as an acquisition from Homœopathy, but as a discovery of his own. Thus we have the curious spectacle of the announcement as a new discovery of a remedy for some disease which we have all been daily employing for many years. But this disingenuous procedure is seldom attended with success, for sooner or later it becomes known that the remedy has been stolen from the homœopathic materia medica, and the knowledge of this source is sufficient to put a stop to its use by our opponents. Occasionally an eminent practitioner like the late Mr. Liston may be found, who has the honesty to confess the value of some homœopathic remedies in certain affections, but the impression that these remedies are derived from the school

of Hahnemann is quite sufficient to relegate them into oblivion with all rightminded allopaths. Thus multitudes of valuable remedies are lost to the allopathists, in consequence of their foolish perversity in supposing that nothing good can come out of Homœopathy ; their prejudice against the whole system being so great, that not even the recommendation of the eminent of their own school can induce them to give a trial to anything that can be traced to a homœopathic origin. Thus their patients are injured by being deprived of remedies which would benefit them, and they themselves are injured, for their patients soon come to know that they might be cured by some remedy their doctor won't give them, and they forsake him in order to go where they can obtain the remedy.

But medical science also loses to an incalculable extent by the obstinate refusal of our adversaries to accept our facts in the same way as we accept theirs, viz. as the faithfully recorded observations of intelligent and honest men. Our intelligence and honesty they are forced to deny in order to discredit our facts. But the absurdity of this denial is self-evident. For it so happens that many of our colleagues have before their adoption of Homœopathy held appointments which they could only have obtained through the good opinion of their honesty and intelligence entertained by their old school brethren, and it would be ludicrous to assume that an honest and intelligent man becomes a rogue and a fool the moment he believes that patients can be better and quicker cured by medicines administered homœopathically than by medicines prescribed allopathically. And yet, in spite of the manifest absurdity and unfairness of the proceeding, it is nevertheless true that rogue or fool, or both, are the epithets most commonly bestowed on us by our opponents. And with the inconsequence that always accompanies injustice, this false and absurd accusation is assigned as the reason for utterly rejecting our testimony. By so acting, our opponents lose much more than we do. For while we eagerly scan their writings for any facts or evidence bearing on practical medicine, and cull many useful hints from them, they persistently ignore everything we write, and thus deprive

themselves of much that might be of infinite value to them in a theoretical as well a practical point of view. It cannot be doubted that the science and art of medicine would both be advanced and developed by the harmonious action of all their intelligent cultivators. Medicine is not so overwhelmingly rich in skilful and accurate observers that it can afford to deprive itself of the aid of a large body of well-qualified fellow-workers. That many of the improvements in the modern practice of medicine generally have emanated from the homœopathic school is palpable to every inquirer, but it is no less evident that these reforms have been effected in the old school by roundabout and indirect modes, and with fierce denial by our opponents of all credit to the homœopathic school for them. To evade the obvious conclusion that it was the influence of homœopathic precept and example that has almost banished lancets, leeches, blisters, and very nearly entirely eliminated active and heroic treatment from medical practice, the partisans of the old school have invented the most wonderful theories and hypotheses. The most popular of these is the renowned "change of type" theory. There is a story told of the invention of this theory, for the truth of which we cannot vouch, but "*se non è vero, è ben trovato.*" It is said that the conviction of the uselessness or rather of the perniciousness of the favorite methods of treating inflammatory diseases by bloodletting and other depleting measures was first felt by the heads of the profession in Edinburgh. In the course of years this conviction of error gradually effected a vast and salutary change in the mode of practice of the faculty of that and other centres of medical science, and an uneasy feeling began to take possession of their minds that the success of Homœopathy had had something to do with this great reformation. Of course, no audible expression of this feeling was ever allowed to be uttered; on the contrary, Homœopathy was denounced by the Edinburgh faculty as loudly as ever and with all the more vehemence, as several of the professors of the University, and notably the professors of Pathology and Chemistry, were known to be infected with the heresy. The experiments of Dietl, of

Trousseau, of any one in fact who could be claimed as an allopathic colleague, were credited with the reformed practice, but still there was a desperate eagerness in clutching at these straws, which betrayed the consciousness that nothing could save them ultimately from the acknowledgment of the influence of Homœopathy in the matter. But salvation came at last when hope had almost fled. One evening, when the notabilities of the Edinburgh faculty had assembled in solemn conclave, up rose the venerable figure of Professor Alison, one of the stoutest champions of orthodoxy ;

“Savantissimi doctores
Medicinæ professores
Qui hic assemblati estis !”

thus might he have begun his memorable speech, had dog-latin still been the medium for the interchange of ideas among Scotch doctors, but, among other degeneracies of the age, the language of Edinburgh professors has degenerated into English with the peculiar accent native to the soil. So Dr. Alison merely began his speech after the ordinary fashion of unlearned mortals with the word “Gentlemen !” He reminded them that their mode of practice had gradually been undergoing a marvellous transformation, more especially in so-called inflammatory diseases, during the last thirty years. He would remind them of the great difference in their treatment of, say pneumonia, now, to what it had been when when they were younger. Formerly bleeding “coup sur coup” or “ad deliquium animi” had been their sheet-anchor in this disease (doctors always call their favorite remedy their “sheet-anchor,” we don’t know why). But now the lancet was entirely discarded in this malady, nothing stronger than a mustard poultice or a gentle laxative was used, and many learned and estimable doctors plied their pneumonic patients with beef tea and port wine. Now, what was the cause of this mighty change of practice ? (The conscience of each of his hearers whispered to him in a still small voice inaudible to the rest the detested word “Homœopathy !” but the tongue of every hearer was screwed up to utter a furious

negative to any one who should suggest such an explanation.) Were they wrong thirty years ago, continued Dr. Alison, when they bled in pneumonia, and were they only right now in treating it by "keeping up the system." No! they were as right then in using depletion as they were now in using stimulants; *the fact was diseases had changed their type!* A pneumonia or a pleurisy of the present time was quite a different thing from the disease of the same name thirty years ago. Then inflammation was indicative of excessive vitality; it was what its name denoted, a fierce strong conflagration of the body with all the juices in a state of ebullition, requiring the most active antiphlogistic measures for its extinction. Now, on the contrary, inflammation was a low smouldering process, the vital flame was burning feebly and flickeringly, it would not bear antiphlogosis, it required rather to be poked up and supplied with fresh fuel to get it up to the normal mark. This notion was received with shouts of approval. Each man declared it was just what he had been thinking all along, and the change-of-type-of-disease hypothesis would have been accepted by unanimous acclamation, had it not been for the discordant voice of one cantankerous individual, Professor Bennett, who, like the slave behind the conqueror's chariot, rather damped the self-applauders' happiness by croaking out "Rax me down the first volume of Hippocrates!" Out of this volume he read sundry descriptions by the sage of Cos of pneumonia and pleurisy. Did not those descriptions correspond precisely to the diseases of the same name of the present day? Change of type within thirty years, forsooth! There had been no change of type for three thousand years! But as minorities, like the absent, are always wrong, and as Dr. Bennett was in the significant minority of one, his protests did not prevent the adoption by the rest of the change-of-type theory, which from Edinburgh has rapidly spread over the whole civilized globe, and so we now hear everywhere of the low type of acute diseases of the present day, and as a corollary to this, the treatment of all diseases by an indiscriminate administration of stimulants, which lately culminated in the excesses of "brandy Toddyism."

However, we have not done with the Edinburgh conclave. Having satisfactorily settled that there had been this extraordinary change of type of disease, they laid their heads together to discover what had produced this change of type. A solution of the enigma was soon forthcoming. Just think of the drinking habits of the past generation, cried the discoverer. No gentleman thought it right or proper to leave off drinking after dinner until he either rolled under the table, or, if he succeeded in keeping his legs, he staggered into his drawing room in a zigzag manner, where he hiccupped out a few "tooral-looral" incoherencies to the ladies, or sank into an arm chair and partially snored off the effects of his two or three bottles until bedtime, when he tumbled up to his bedroom and there snored off the remainder. The habits of the present generation how different! You cannot tell by a gentleman's gait, appearance, or conversation whether he has dined or not. Temperance is the order of the day, and your two or three bottle men have passed into the domain of history. Could anything be more evident? The plentiful potations of the past generation caused those violent sthenic inflammations that formerly demanded copious depletion. The temperance of the present day had reduced all diseases to one uniform low type, requiring stimulants and feeding. This most satisfactory solution of the problem met with the approval it merited. Archimedes scarcely exhibited more mad delight at his discovery of specific gravity than did the Scotch professors on that memorable evening when they were able at one sitting to find out the cause of their changed treatment, and the cause of this cause. Again, the *enfant terrible* of the faculty, Dr. Bennett, interposed one of his stupid objections. Granting for argument's sake the correctness of the theory to account for the sthenic character of inflammations in the former generation, it appeared to him that it would apply to the gentlemen only, for they would not assert that the ladies and children thirty years ago were given to intemperate habits, and yet their inflammations were treated precisely like those of the men, by bleeding and antiphlogistics. This objection was, of course, im-

mediately derided and pooh-pooh'd as utterly frivolous and irrelevant, and it was finally resolved *nem. con.* (for Professor Bennett did not count) that the difference between the character of inflammations thirty years ago and now was owing to the inebriety of the subjects of it in the former period.

From Edinburgh the change of type of disease notion has spread all over the medical world, and is assented to by all doctors of the old school with a unanimity comparable only to that of Ananias and Sapphira. Any stone will do to throw at a dog, and any theory, however monstrous, is good enough, provided it can stave off for a short time the necessity of rendering justice to the claims of Homœopathy.

Had not the demon of intolerance possessed the heads of the orthodox school, they would never have accepted this monstrous theory, and thereby exposed themselves to the taunts and sarcasms of unprejudiced scientific minds. It is not that diseases have changed their type, but that physicians have been compelled by the progress of Homœopathy to completely alter their ideas respecting the nature of diseases and their mode of treatment. No far-fetched theory was required to account for this change of treatment; it was absolutely forced upon the medical faculty by their patients, who refused to submit to the depletive treatment, from knowing that they and their friends when under homœopathic treatment got well much more quickly without it. By many non-medical persons Homœopathy is regarded as a negative system entirely. They look upon homœopathic practitioners as medical men who cure their patients without using the heroic methods of ordinary practice. A homœopathic doctor to them is merely a doctor who does not bleed, blister, purge or sweat his patient. So when they saw a considerable section of the medical profession treating all diseases without the formidable remedies hitherto in vogue, they insisted that their own medical attendants should likewise treat them without these dreaded and disgusting remedies; and they have succeeded in compelling their doctors to conform to their wishes. They have no notion of the positive character of homœopathic practice, only of the negative, and it is common enough to hear a patient say

that his doctor is almost a homœopathist, for he seldom gives any medicine, never bleeds and never blisters. Doctors were compelled by their patients so far to assimilate their treatment to the homœopathic as to abandon most of their favorite heroic methods, and therefore when they attempt to account for their change of practice by a corresponding change of disease, we may dismiss that pretence with Mr. Burchell's exclamation, "Fudge!"

It is indeed a melancholy spectacle to see the members of a learned profession at one and the same time pluming themselves on their bigoted refusal to examine into a method of treatment presented to them by a large body of their own colleagues, and denouncing those colleagues as reprobates unworthy of any professional courtesy whatever, while they are compelled to discard their own most cherished modes of treatment and most valued "sheet-anchors," and to adopt many of the distinctive characteristics of the treatment of these despised colleagues, at the bidding of the unlearned public. All this humiliation they might have been spared had they but acted towards their brethren with that spirit of toleration which has been thought to be the peculiar feature of the present century.

Why a mode of treatment which has been practised more or less ever since the time of Hippocrates should inspire the general body of medical practitioners with such repugnance as to cause them to pursue towards their colleagues who adopt it a system of persecution and intolerance worthy of the darkest ages of theological bigotry, and without even the poor excuse of the persecuting theologians, that their own creed is incontrovertible truth, for they have actually no fixed creed of their own—why, we repeat, Homœopathy should so excite the repugnance of the practitioners of old physic, is not very apparent. For medical men, as a rule, are very tolerant of new modes of treatment and new theories, and we never heard of any one being expelled from a medical society or excluded from a college for professing any theory were it ever so wild, or practising any mode of treatment were it ever so extraordinary—except in the one case of Homœopathy.

It may be that the mode of enforcing his views adopted by Hahnemann may have had something to do with the animosity excited against his system. We know that, at a comparatively early period of his career, Hahnemann put forward his doctrines with a dogmatism and exclusiveness that must have been most hateful to those who differed from him. Many of Hahnemann's writings, and especially his later essays and editions, are characterised by a spirit of intolerance and an unfairness towards his former colleagues that more resembles the fulminations of a quasi-infallible pope than the modesty we would expect from a discoverer who hoped to obtain a favorable hearing for his novel views. We account for the tone assumed by Hahnemann by the cruel persecutions he endured at the hands of the apothecaries and inferior grades of medical practitioners. But surely the esteem and friendship of that grand old representative of old medicine—Hufeland—might have tended to assuage the rancour of his spirit, and caused him to inveigh a little less bitterly against the errors of his opponents. We almost think that if the homœopathic doctrines had been always brought before the profession with the mildness and modesty of Hahnemann's first essays, their reception would have been quite different from what it was, their merits would have been carefully investigated, their obvious truths thankfully accepted, and the doctrines themselves would not have been overlaid with those untenable theories which Hahnemann latterly adopted, nor the practice of Homœopathy have assumed those glaring peculiarities which now distinguish it. And what a gain to practical medicine, what an advantage to the sick world, would have accrued from the reception of the new therapeutic maxim in a spirit of candour and impartiality. What the special practitioners of Homœopathy gain by the rejection of Homœopathy by the generality of medical men, is more than balanced by what medical science and the sick lose. But for the hostile attitude assumed by the old school towards Homœopathy we cannot entirely acquit Hahnemann and some of his most distinguished disciples. The quarrel which was begun by some members of the lowest

grades of the profession in their mean persecution of the friendless reformer, has, to the great scandal of science, gone on ever increasing, until the field of medicine is now divided into two hostile and apparently irreconcilable camps, who scarcely ever allude to one another save in terms of the bitterest enmity.

But it is surely time that such foolish and utterly useless contests were abandoned. Since our adversaries have lost all power to injure us, and can only hurt themselves by the attempt, we may cease to regard each other as enemies, and, holding out the right hand of fellowship to one another, do our best conjointly to advance our common science. To the rising generation of doctors, the intolerance of one set of medical men towards another must appear absurd. Educated in the same colleges, taught by the same professors, bearing the same academical titles and honours, it is preposterous to regard one another as quacks and impostors. All are in the pursuit of truth, and it must needs happen that truth presents itself under different aspects to different minds. No school or sect can claim the exclusive possession of absolute truth in medicine; the most any can assert is, that they have attained to an approximation to truth; therefore it is an outrageous proceeding to anathematise one another, as if any of us believed that we alone held the absolute truth.

It requires no particular acuteness to discern that there has for some years been going on a gradual approximation of the most intelligent of both schools. One after another our chief remedies are adopted by members of the old school. Sometimes their source is acknowledged, oftener it is revealed under ambiguous modes of expression, as when Trousseau adopts homœopathic remedies and calls them "substitutive medicine;" oftener still the homœopathic source is denied with a suspicious vehemence that betrays a consciousness of the theft. On the other hand, we observe that many on our side have altogether abandoned the exclusiveness of Hahnemann and the earlier homœopathists, and gladly avail themselves of many of the improvements that have originated within the old school; nor are they careful

to claim every curative means as referable to the homœopathic principle. The period of acrimonious controversy is past, and, no longer blinded by the dust it raised, men on both sides are able to see, and are unprejudiced enough to adopt, what appears to them good of their opponents' practice; and though this still occurs to but a slight extent, we see every day more the decline of that furious party spirit which refused to acknowledge that any good thing could come out of the Nazareth of the opposite party. The spirit of conciliation will increase, until all will be mere practitioners of medicine, and the sectarian epithets of Allopath and Homœopath will no longer prevail. That medicine will soon be practised uniformly by all we have no expectation. Nor would such uniformity be desirable; for while constitutions, temperaments, and minds differ, different remedies and different systems will be found suitable for different patients. But the cordial co-operation of all the members of the different existing schools will have this result, that the useless and the hurtful in the present practice of each will be eliminated, and the useful and remedial alone retained. When that desirable time comes, practical medicine will take a prodigious stride forward. We can all do somewhat to hasten the advent of that time, by divesting ourselves of unreasoning prejudice, by acknowledging and adopting the excellencies of old-school practice, and by heartily approving of those who partially adopt some of our methods, and refraining from forcing them to swallow at once all the doctrines and practices which we have derived from Hahnemann. In fact, we must at once and for ever abandon that intolerance which was so conspicuous in the master, and the cause of which has been hinted at above. Intolerance sits but awkwardly on the propagator of a new truth, and can only act as a repellant to the adoption of that truth. On the other hand, we have sufficiently shown that intolerance is merely an absurdity when exercised by those who have no fixed creed of their own against the possessors of a definite creed.

But if there is one form of intolerance more ridiculous than another, it is that exhibited by one set of Hahne-

mann's followers against another. We observe that those calling themselves Hahnemannists are chiefly conspicuous for intolerance towards their co-believers who differ from themselves in the importance they attach to this or that article of the homœopathic creed. They certainly are Hahnemannic in inveighing against all who deviate, be it ever so slightly, from themselves; but their own creed, Hahnemannists though they call themselves, differs often amazingly from the teachings of Hahnemann.

Intolerance arises from that condition of the mind which is unable to acknowledge the existence of truth, and scarcely of sincerity, in any views that differ from our own. And yet we ought to remember that it is just as likely that we may be wrong as that others may be, and it is extremely improbable that we have succeeded in grasping the whole truth, whilst others who differ from us have missed catching even a portion. A recent writer has an admirable sentence, which we would commend to the attention of all intolerant minds: "Truth," he says, "is scattered far and wide in small portions among mankind, mingled in every system with the dross of error, grasped perfectly by no one, and only in some degree discovered by the careful comparison and collation of opposing systems."*

ONE DAY OF MY PRACTICE.

By Dr. WATZKE.†

(Continued from p. 390.)

ACUTE PULMONARY CATARRH (TUSSIS CATARRHALIS).

CASE 10.—Mrs. R—, wife of an actor, æt. 40, weakly, underfed, living in very sorrowful circumstances, had been attacked for years by more or less obstinate catarrh; is suffering again for some days past from a dry spasmodic

* Lecky, *Rationalism in Europe*, vol. ii, p. 84.

† It is with great regret that we learn the sad tidings of the death of the talented author of these papers, which took place at Mauer, near Vienna, on the 1st of July last, in the 64th year of his age.

cough, which is in the night more protracted and violent, and is then accompanied with painful stitches in the chest, by which sleep is much disturbed. Besides, the patient complains of occasional chill; she has no appetite, nor thirst; stool has ceased for several days, and constipation is an habitual ailment. Menstruation (for many years regular, but too scanty and pale, always commencing and running its course with pain) appeared again yesterday. (The day before she had a fit of vertigo, with darkness before the eyes.)

A surgeon, called in this morning, proposed bloodletting. I ordered *Puls.* 3 every three hours.

Next day the patient felt rather better. She had coughed less, and with more ease during the night, and had slept quieter. Menstruation more copious than before, and without pain. Same medicine.

The third day of treatment.—Still improving; cough looser, with trifling expectoration, yellowish white.

4th day.—In the night, without any particular cause, five thin pappy mucons stools, preceded by cutting pains in the abdomen, and followed by refreshing sleep for hours. Since then the cough seems to be arrested; the patient has an appetite; and has already recovered her previous comparatively good health.

Now let us ask, was it the supervening menstruation, or the vicarious intestinal catarrh, that cured her? Had our *Puls.* nothing to say to either of these? Did it play an *entirely* superfluous part in the rapid disappearance of the catarrh? Let us wish our opponents joy when they see in us nothing but simpletons and ignoramuses, who lend themselves to such palpable delusions! We are quite aware that, of the heavenly stock of wit and understanding, there is only a limited supply on hand in the celestial treasurehouse for the use and behoof of the whole human race, and that those gentlemen, when once endowed, superabundantly and prodigally, with these gifts by their own overweening self-conceit, cannot imagine the smallest portion of it to be present in *our* brain. Let us, on this occasion, look about us a little, and consider which of the two schools has the better claim to rationality in the treatment

of catarrh. (We have here in view nothing but idiopathic acute catarrh, independent of chronic affections of the lungs, heart, throat, or larynx—*i. e.* tussis catarrhalis).

It is not unfrequently my lot, in a large practice, to be called in after professional brethren who figure in the journals as “celebrated” physicians. For years (with the exception of the general cough remedy, viz. *Dover’s powder*) I have hardly ever found any medicine in their antecatharrhal recipe but *Opium*, *Cannabis indica*, *Extract of Henbane*, and *Laurocerasus*, generally three, or all four, in one mixture!*

That such practice as this is the crudest empiricism must be evident to every one who has any notion of a rational indication of cure. For can there possibly be, in this method, any question of such an indication? *i. e.* of a selection of a remedy determined by a regard to the cause of the disease, its nature, form, stage, severity, complication, as well as to the organ that is attacked, the origin and seat of the disease, with the individuality, age, sex, constitution, and temperament of the patient. Can there, I say, be any such question, where the prescriptionist shows, by his triple and quadruple hotchpotch, that he never thought of any selection at all in the matter?

The homœopath is constrained to be rational by his principle; he must, if he has a mind to discover the suitable remedy, proceed to it according to a definite law, that of similitudes. For the benefit of the beginner, for whom these pages are written, I will illustrate what I say by an example.

Let us take a dry spasmodic cough which, provoked by irritation in the larynx, either occurs principally in the night, or else is considerably aggravated at night, and ameliorated

* *Mallows*, *Marsh-mallows*, *Lime-blossoms*, *Chamomile*, *Mullein*, and *Liquorice*, are left for domestic practice. *Elder-flower*, *Coltsfoot*, *Spiritus minderevi*, *Flowers of sulphur*, *Sulphuret of antimony*, *Senega*, *Polygala*, *Dulcamara*, and other diaphoretics and “*Bechica*,” which were formerly of wondrous efficacy, are banished into the great pharmaceutic lumber-room of “obsolete” remedies. At the present day they only peep out here and there in the long prescriptions of old physicians: amongst the juniors such trifling wares seem no longer to be in any repute.

by sitting up in bed, and disturbs or entirely prevents sleep. Suppose the cough in itself presents no further ground for the choice of a remedy, and this is to be found neither in the exciting cause of the cough, nor in the sex, age, mental condition, constitution, or temperament of the patient, nor in any predisposition to disease, nor remains of former diseases, nor any other disturbances which might stand in direct relation with the cough, then I should fix on *Hyos.* as the most available and efficacious medicine in such a case.

Gentle disposition, female sex, tendency to chlorosis and to scanty irregular menstruation, would lead me to select *Puls.* In the case of a choleric gentleman, a learned man, a sedentary person, troubled with hæmorrhoids, constipation, and other ailments of the digestive system, I find *Nux vom.* indicated, if the cough is worse when lying on his back; when this is not the case, *Sepia*; with psoric tendency and previous or existing cutaneous ailments, *Sulphur*.

Childhood and disturbances, such as are generally caused by round worms and ascarides, call for *Sabadilla*; tendency to tubercles or congestion of the chest, with previous or existing hæmoptysis, for *Phos.*

If I have regard exclusively to the above characteristics of the cough, I find them also under *Hepar*, *Ipec.*, *Merc.*, *Arsen.*, and some other medicines, all of which may possibly be indicated in the given case; only the cough corresponding to these medicines is diagnosed by symptoms that are otherwise prominent and constant, so that those characteristics seldom fall heavy in the scale, and still seldomer will take the lead.

Does not this example teach us amply that *some* study, *some* consideration and logic are necessary, in order to do justice to the requirements of the specific method of cure?

INFLAMMATION OF THE MEATUS AUDITORIUS EXTERNUS (OTITIS EXTERNA).

CASE 11.—This I find but briefly noticed. The patient, who had a horror of doctors and medicine, Mr. F. K—, æt.

40, with choleric temperament strongly marked, first called me in on the sixth day of his illness. The concha was much swollen, red, and very sensitive to the touch, the meatus closed and discharging a cream-like substance in abundance. Frequent excessively painful stitches in the ear, which is quite deaf, and through the head; intolerance of light and noise; high fever, thirst, complete loss of appetite; constipation; no sleep for six days.

A draught of cold air was assigned as the probable cause of the ailment. As the violent pains continued after some spontaneous discharge of pus, the process did not allow us to infer the formation of furunculus.

By the use of *Nux vom.* 1st dilution, and *Calc. carb.* 6th trituration, gradual improvement set in in the course of eight days. A slight swelling of the meatus, humming in the ear, and dulness of hearing, still continued for some time.

RHEUMATISM OF THE THIGH.

CASE 12.—Tearing pains on the outer side of the thigh, increased by movement, worst at night, in the case of an otherwise healthy woman, æt. 40, essentially relieved, and in a few days entirely removed by *Bryonia* 1st dilution, after violent aggravation for three hours. This case we might pass over conveniently as too trifling; we wish, however, to take this opportunity of reporting two cases which show how our adversaries sometimes maltreat such trifles.

(1.) “A girl, æt. 13, was seized with pains in the hip, aggravated by every movement. Baths, *Calomel*, and purgatives were at once resorted to: * next, twelve leeches, the bleeding of which could not be stopped for two days. The hip pain certainly disappeared, but now the symptoms of exhaustion from loss of blood set in; dyscrasia of the blood, purpura hæmorrhagica, bloody urine, effusion of blood into the posterior chamber of the eye, with total blindness, violent pain in the head and entire loss of appetite.

* See *Hippocrat. Aph.* i, 24, and *Bagliv.* lib. ii, c. 10, 6. Yet the voice of their prophets sounds unheard and disregarded in the wilderness!

No remedies internal or external were of any avail: the patient died of exhaustion from pain and loss of blood on the fourteenth day of her illness with perfect consciousness."—Schmidt's *Jahrb.*, 1838, vi, 330.

(2.) A similar case of acute arthritic rheumatism, with like result after like treatment, is reported by Grisolle (*Journ. Hebd.*, 1835, No. 10). "The patient complained of pain in the lumbar region and knee, which was somewhat swollen yet not reddened; with this, slight headache; appetite and thirst wanting; no stool for three days; tongue moist and clean; respiration free; skin warm and moist."

"For this illness 141 oz. of blood were let, in addition to fifteen leeches, in the course of fourteen days. Several of the bloodlettings caused fainting. The patient died."

As Grisolle in the post-mortem found no trace of inflammation in the tissues of the joint, he concludes that rheumatism is not a true inflammation. Was not then the treatment, and is not such treatment in similar cases an utterly perverse one, even according to the principles of the old school?

"We see everywhere institutions for securing human life; but we tolerate medical schools which give prescriptions and set forth doctrines that turn those from whom the patient expects relief into his murderers."—Dr. Neumann, *Der allg. Hausarzt*. Aachen, 1836, p. 84.

CHRONIC CONGESTION OF THE HEAD.

CASES 13 and 14.—Lady W—, æt. 65, and Madame von U—, æt. 50. The former a lean tall figure, of strong-minded masculine character, versatile, constantly occupied with literary and political studies. The latter short and thick set, of sanguine temperament, full of blood, a well-fed life-enjoying drawing-room lady.

Lady W— complained frequently of dull pain in the forehead, tearing and pricking pain over the crown, with occasional loss of memory, so that she can hardly lay fast hold of a single thought. With this, frequent disturbance

of the digestion, small appetite, bitter taste in the mouth, and insipid taste of food; first long-continued costiveness, then again diarrhoea for a long time; weakness of body, even short walks causing fatigue. *Nux vomica*, *Sepia*, *China*, selected respectively according to the predominant symptoms in general, soon gave considerable relief.

A radical cure was not to be expected at her age and with her artificial mode of life—her ladyship's bedtime being, as a rule, about 3 a.m.

Madame von U— often had fits of vertigo, with humming, beating, and ringing in the ears; heat in the head and face; beclouding of the eyes and alternations of fainty weakness. These fits usually lasted only five or six minutes. In other respects she was quite well.

Aconite with strict diet, putting restrictions on flesh meat, tea and coffee, and avoiding all mental excitement; daily moderate exercise in the open air, dispensing with the customary *siesta*, relieved the fits, and gradually removed them entirely.

However insignificant such ailments may be in themselves, yet, on comparing our treatment of them with that which our opponents probably would have employed, it appears unquestionable that the patient as well as the physician may do well even in such insignificant cases to keep to the physiological method.

Lady W— had for years been treated by celebrated allopathic physicians, and a varied experience had shown that mixtures and strong doses in general always made bad worse. As to Madam von U—, your mixture-giving nihilists might certainly be of opinion that such cases need no medicine at all. Only these learned gentlemen recognise this opinion merely in theory, not in practice; at least we have not seen one who, when called in to a patient, has not written a prescription, and we may permit ourselves to doubt whether the patient would not have attained her object sooner by strict diet and a change of regimen alone, than by emulsion of *Almonds*, *Laurel water*, *Haller's acid*, purgatives, leeches, soda water, and the like.

The two following cases of acute congestion of the brain may find a suitable place here, as appendages to the above chronic ones :—

1. Mrs. Josephine L—, an uncommonly gentle phlegmatic blonde, æt. 25, had, a few days before, suddenly weaned her baby ; for all her gentleness, she could not be induced to leave off gradually. Since yesterday, both breasts are much swollen and painful ; no sleep last night ; skin dry and hot, with thirst ; great anxiety and restlessness.

Being called in early in the morning, I find the pulse much accelerated, yet soft ; the skin moist. She complains of great weariness of the limbs, and a peculiar affection of the head, without any definite pain ; it is giddy, distracted, and confused. She cannot collect her thoughts, and dreads becoming deranged.

Treatment.—*Puls.* 3 every hour. Diet, water and weak broth. On my visiting her in the evening, she already felt rather better, but yet slept very restlessly that night.

Next day, the second of her illness, her head felt still heavy, and as if stunned ; with depression of spirits, great weakness, and want of appetite.

By the continued use of *Puls.* every three hours, all morbid symptoms gradually disappeared by the fifth day.

2. A strong and highly choleric cookmaid, æt. 40, was seized with violent pain in the head, Oct. 3, 1837, owing, as was said, to a fit of passion. In the morning of the 4th, after a sleepless night, dry heat of the skin, with pulse much accelerated ; her head is ready to burst ; every movement causes intolerable stitches in the head ; with this, photophobia, pain in the eyes, want of appetite, bitter taste in the mouth, eructation, much thirst, pain in the sacrum, weariness of the limbs. Menstruation had occurred regularly fourteen days before.

Treatment.—*Bell.* 2 every two hours. Diet, water and weak broth.

Oct. 5. Slept very restless at night; pain in the head somewhat less : otherwise just the same.

By persevering with *Bell.*, a complete cure was effected by Oct. 8.

When our opponents see with what poor weapons we venture to combat morbid conditions, which may possibly be the forerunners of severe and dangerous inflammation of the brain, we ought not to be surprised that, if this should actually be the case, and the result should prove unfortunate, they on the one hand cry out against us for doing nothing and culpably neglecting the patient, and on the other hand look with pride on the ample curative apparatus which their school places at their disposal for such cases. If ever fortune turns her back on them under such circumstances, who can reproach *them* with neglect of means? In every bloodletting which that school performs, in every cupping-glass, every leech that she applies, in every sinapism and blister that she puts on, in the ice-cap, the saltpetre, the sal ammoniac, and the rhubarb, stands up a witness of deliverance to her conscience and the whole world.

That wiseacre of the mixture system in whom a slight doubt arises whether this wealthy stock of curatives, and the use he makes of it, may not deserve the blame of his failures, must be endowed by the gods with an extraordinary degree of acuteness!

Apropos to this, I have met with a very instructive instance. It was in the first year of my practice that a youngster, a barber, if I remember rightly, attempted to murder one of my patients, Cashier W—. He was presenting to him one fine day an order on the bank, and as the cashier, with his back turned to the stranger, was stooping down to the cash-box, which stood open on the floor, down came the heavy blows of a hammer in quick succession on the back of his head; terror and pain for a moment deprived him of his senses, and he sank on the ground, but instantly raised himself half up, and began to struggle with the murderer for the hammer. He, however, hammered away "like mad" at the face and hands of his victim; and W— would undoubtedly have been overpowered had not unexpected

help arrived in the struggle in the person of his little dog, who, having up to this point lain quiet under the stove, sprang at the critical moment on the villain, and seized him by the foot. The youngster, disconcerted at this, took to flight, and my patient was rescued.

About an hour after this I saw him. He had himself prescribed, as a lotion upon his wounds, two spoonfuls of *Arnica* in several glasses of ice-cold water; and a surgeon who was called in with all speed had already examined the injuries on the occiput, face, and hands, and pronounced them all to be flesh-wounds, reaching quite to the periosteum. Whether the nasal bone and one of the phalanges of the middle finger was broken or not he did not venture to decide positively. The loss of blood was moderate. First of all, I had him put to bed, ordered the greatest quiet, limited his diet to lemonade and water, bade them continue the lotion diligently, and mixed a few drops of *Tinc. Arn.* in a glass of water, to take a spoonful every hour. Next morning I found him in a high fever, with hard, full, quick pulse, skin dry and hot, head hot, much thirst, anxiety, and restlessness, yet his consciousness unimpaired. In the night he had only slept for a minute at a time, with frequent rambling. Continued the *Arnica*. The same forenoon, a few hours after me, the justiciary commission arrived to hold an inquiry. My medical brethren were kind enough to declare, in their verdict on the wounded man, that "the wounds in themselves were not dangerous, but yet, through the medical treatment employed, they might easily become dangerous. Such a patient ought to have been bled; the local inflammation should be combated by leeches and cupping, &c. The disregard of all the established rules of the faculty must necessarily have pernicious consequences."

Observe, my friends, what this comes to. If the man dies, the hammer is not guilty; then adieu to my doctor's hat (diploma) for one or two years.

The man, however, did not die. Instead of that, on the fourth day after the event he was sitting (certainly against

my will) at the desk, and writing a letter on business. In a week he was fit to leave his room.

Perhaps about a year might have passed when, "as luck would have it," I fell in with my old patient, on the very day when he had been registered by the Royal Commission with regard to his present health. He had declared to those gentlemen that he had experienced nothing of the ill consequences sure (according to the prediction of the doctors on commission) to follow my treatment; for assuredly I must not be made responsible for the fact that the smashed finger generally begins to be painful before sudden changes of temperature?

"Leidenschaft hat schlimmen Rath."

Passion is a bad counsellor.—*Adage.*

INSANITY. DEMENTIA.

"Acribus exemplis videor te claudere."—*Juvenal*, Sat. 14.

CASE 15.—Joseph S—, æt. 48, secretary to Countess St. —, of choleric temperament, often troubled with congestion of the head and disorders of the digestive organs, for some time exhibited behaviour which greatly surprised his mother and his mistress.

For hours together he sits still and absorbed (generally in the forenoon), betraying great moral and physical languor, looking before him with disturbed mien, and dull, sunken eyes, as if he felt no interest in anything, and answering questions, if at all, incoherently; sometimes falling into a restless slumber for ten or fifteen minutes, out of which he returns to full consciousness with difficulty, and gradually. In the afternoon, and especially in the evening, he is, on the contrary, much excited, becomes talkative, and even chatty; but jumps from one thing to another without troubling himself much about the connection; his eyes then have a peculiar brilliancy; his face wears an expression of deep earnest; he launches into high-flying, fantastic plans; fancies himself rich; wants to make presents of thousands; and makes large useless purchases.

When called in, at the urgent request of the Countess (*he* does not consider himself ill), I find him in bed; it has cost much trouble to keep him there. He has not slept for nearly a fortnight, brooding all night long over the proceedings of a lawsuit by which he may gain or lose 1½ million. His head is hot, skin dry, complexion yellowish, pupils contracted, tongue coated, pulse hard and small, slightly accelerated. No stool for some days.

He replies reluctantly and slowly to my questions, and takes it very ill that I don't let him read out to me the indictment, which he has been working at all night, for the said lawsuit—a confused, irrational piece of work. He complains of no pain, has eaten hitherto with tolerable appetite, and drinks some red wine daily.

I prescribed *Nux vom.*, a few drops of the tincture in half a glass of water—two teaspoonfuls every three hours; with strict quiet in bed, reducing his diet to bouillon, stewed fruit, ice, and water; and took the document home, promising to study it thoroughly.

Amendment proceeded but slowly. It was three weeks before the patient, under the continued use of the same medicine, recovered his bodily and mental sanity. A younger brother had, some years before, died in an asylum.

The treatment of mental disease in the asylums is as yet exclusively in the hands of our opponents. This, in the course of the last decade of years, is said to have undergone a total reform, and to have become humane. Now it is high time that the rack should at length be dismissed from the art of healing. Has not the humanity and common sense of mad doctors hobbled more than half a century behind the lawgivers? If one reads Bird's therapeutic experiments on the insane (*Contributions to the Knowledge of the Use of Medicine in Mental Diseases*. Stuttgart, 1839), one really does not know where to seek the highest degree of madness, whether in the heads of the lunatics or in those of their doctors, possessed with the fixed idea of the excellence of mixtures.

In the space of five months, they give a lunatic of delicate

constitution 781 grains of powder of *Belladonna*. He ended life with a gangrenous ulceration of the nates and adjoining parts (in a. W. S. 6 & 7).

Another lunatic takes—

(1) In September and October, 386 grains of *Ammoniate of copper*, and 188 grains of *Extract of Stramonium*.

(2) In February, the next year, 143 grains *Extract of Hyoscyamus*.

(3) March, 120 grains *Ammon. of copper*.

(4) June and July, 410 grains *Extract of Hyoscyamus*.
He died a martyr to the treatment like the previous case.

A third, a full-blooded man, æt. 50, with hypertrophied head, tormented almost incessantly with violent pains in the head, was first brought out of simple irritation of the brain to a state of imbecility in the fourteenth week after he was taken into the asylum, by means of 17 pounds of infusion of *Arnica*; and then, as an imbecile, doctored to death by perhaps 60 pounds of mixtures and powders. Amongst others, 45 oz. 7 dr. of *Digitalis* vinegar and 144 grs. of *Quinine*.

The immense doses of *Digitalis* first induced a chronic diarrhoea, and at last paralysis of the sphincter of the bladder and dropsy of the extremities. The diarrhoea, which was salutary as an antidote to *Digitalis* by derivation from the head, was stopped with 1½ oz. of *Laudanum*. The patient, as a “wilful” bed-wetter (so he was held to be accountable!), was shut up for hours together in the mad-house rack, called “strait-jacket”—for moral treatment is also adopted in the asylum—and, when paralysed in body and mind by over-exciting medicine, was driven out, even in the worst weather, to work with a wheel-barrow, &c.

This was a patient of whom Bird himself says that, with gentle cooling treatment, or at least without any medicine, he might have got well. A *post-mortem* showed the vessels of the brain considerably enlarged.

The fourth was a strong young athlete, who was deranged from congestion of the head and excitement of the brain during the period of puberty, in consequence of retarded development of the sexual functions. Within about fifteen

months they gave him more than 60 pounds of mixtures and powders, including $2\frac{1}{2}$ pounds of *Digitalis* vinegar. After they had treated him for some time longer with merely "psychical" (!) means—such as the wheelbarrow, the "cord," shower baths, &c.—he had the good fortune to be dismissed as incurable.

The treatment of a fifth, a lunatic, with disease of the chest, was unexpectedly broken off, for one morning he would not get up, because he was dead. In the course of half a year he had taken for general exhaustion with hypertrophy of the heart, about 60 pounds of infusion of *Arnica* and *Bitter Orange-peel*, 686 grs. of *Ammoniuret of Copper*, 1784 grs. of *Camphor*, 2448 grs. of *Arnica Flowers*, and as much of *Winter's Bark* in powder.

The sixth, an eccentric fellow, such as the police suffer to run unshorn about the streets by dozens, a painter, of violent temperament, full of artistic pride, came in his poverty to a fixed idea, to which nowadays many a poor fellow comes who is short of cash and wit, viz. he resolves to marry a rich wife, makes proposals to some likely young ladies, is therefore judicially set down as a fool, and after five years' residence in the asylum is dismissed a complete madman. I should like the experiment to be tried on that psychologist of a physician who pronounced him a fool, of shutting him up five long years in a madhouse, sending him, when the cord of his patience broke, like the unfortunate artist, to the turningstool or the standing machine, letting him starve with hunger, and work at the wheelbarrow in storm and rain, and fixing him for three months at a time in the damp, cold, gloomy mad-chamber; methinks he would not leave the asylum with a sound mind any more than his victim. The barbarity of such treatment must surely at last subdue the intellect of the most intelligent!

Guislain reports a worthy parallel to this charming treatment of the diseased "Psyche." (Ann. de méd. Belge, 1835, Juin.)

A young man of 19, who had been brought up by strangers, busied himself for a long time day and night with discovering the secret of his parentage. At length his in-

cessant search led him to discover his mother in the person of a lady of high rank, who, however, rejected him. Having settled in a village near the town where she lived, he showed signs of derangement, and was bled copiously. Next day this was repeated. On the third day 20 leeches were applied to the temples. The derangement increased, and he trembled incessantly. The same day blood was drawn from his foot; after which the poor fellow refused all food, and without uttering another word kept standing motionless in a corner of the room. Now they opened the temporal artery, the bleeding of which could not be stopped for a long time. Violent trembling of the whole body set in, and a fit of mania. Next day (the fourth of treatment) the patient was dead.

I should like to know what defence this bloodthirsty Marat of a physician would make before his Judge, when charged with the crime of this young man's death whether intentional or unintentional!

ACUTE GASTRITIS.

CASE 17.—Miss W. B., æt. about .20, after taking cold yesterday, was seized last night with colicky pains in the abdomen, and constant inclination to vomit, slept none; towards morning threw up bile several times, yet without relief. I found her in a violent fever, with skin hot and dry, pulse hard and quick; she complained of intolerable cutting pain, first here and then there in the abdomen, whose integuments are very sensitive to the touch. Drawing up the feet gives some relief. Bitter taste in the mouth, and dislike to water.

Treatment.—*Colocynth* 3, at first every hour; if the desired relief should ensue, then every two or three hours; for drink, milk of almonds.

Next day I found the patient out of bed; even after the third dose considerable amendment had taken place. She had slept quietly all night, and felt perfectly well.

APOSTROPHE TO TEACHERS OF MATERIA MEDICA.

In such a case of Bouillaud's "Enterite bien prononcée," will not these learned gentlemen for once try nature alone, *i. e.* my *Colocynth*, instead of a dozen leeches and several bloodlettings? Sirs, ye know nothing of this obsolete, obscure, violent and uncertainly acting drastic, as to its power of assuaging catarrhal or inflammatory excitement in the intestinal system. Ye know nothing, or next to nothing of this important remedy, which is indispensable and not to be replaced by any other, in some of the most severe and painful diseases.

I have written a monograph on *Colocynth*, a thin little book, but one on which much trouble was bestowed. The number of works on *Materia Medica*, old and new, thick and thin, which I consulted in pursuit of my remedy, amount to at least fifty. The pretty Chinese proverb, "Whenever one opens a book, one learns something from it," was, however, unfortunately not verified in my fifty. What I found in the first huge pig's-skin-bound folio, Dioscorides, respecting *Colocynth*, that selfsame I found in the whole set of followers; it is "*crambe quinquagies cocta*,"—hypothetical healing virtues! Not a trace of one positive fact, of one physiological foundation till we come to Hahnemann!

For you, sirs, Hahnemann never existed! You might turn your backs and welcome on the discoverer of the "Pneum," or the marvellous "Psora" theory, on his Decillionths and Globules, provided only his "*Materia Medica Pura*" had existed for you. But you have, as the saying is, "emptied the baby out with the bath." Instead of taking under your protection, which as masters of science it behoved you to do, the reformation which Hahnemann strove for, *viz.* the physiological proving of medicines on men and animals with the means government placed at your disposal, and carrying through on a great scale that difficult and troublesome work, which involves the solving of a problem, impossible to the strength, time, and means of single individuals,

instead of in this manner producing a physiological *Materia Medica*, fully answering both the dignity of science and the need of the practitioner,—instead, I say, of adopting this plan, you have rejected, without examination, the rich and valuable materials offered to you by Hahnemann, the fruit of years of great exertion and sacrifice; nay, more, blinded by pride and passion, and not aware that you were raging against your own flesh and blood, you have tried your utmost to extirpate the reformation root and branch! Thus it has unfortunately come to this, that experiment and physiology, which in every other region of medical science have not only obtained currency, but absolute dominion, and are obtaining the most brilliant results, are actually banished from the very sphere where they are most needful, and where, if the art of healing wishes to fulfil her object and end, and the practitioner his vocation, they are absolutely indispensable; *i. e.* they are ejected from your *Materia Medica*.*

It is a truly sad spectacle to see how men, to whom the state intrusts the very important duty of teaching medical students, are blind to the physiological triumphs of the last half-century; and deaf to the importunate voices which, year after year, are sounding with louder and more urgent tones from some thousand advocates of the reformed school out of all the five divisions of the world; how they are not ashamed of publishing to this day for their pupils thick and expensive volumes, bearing on their backs the title "*Materia Medica*," yet offering no scientific history of medicines founded on fact and experiment, but merely setting forth more or less fantastic and bold hypotheses, and retailing unwarranted sayings of ancient and modern times,

* It is true that some of our opponents have made a *commencement* of physiological experiments of medicines; only, with the exception of Jörg's "*materials for a future Materia Medica*" (Leipzig, 1825, I. B.), whose "*provings*," both in regard to the energy, perseverance, and circumspection with which they have been undertaken and carried out, and also to the form in which they are published, may be looked on as models. With all the other provers (unfortunately including Schroff), it is *merely* a commencement. Could the cause of this be that these gentlemen see they are growing wheat that will not come into their own barns?

pharmacological fables and tales, suited for children, nurses, and old women.

SCARLATINA DROPSY.

CASE 18.—Anton N—, æt. 8, after complaining for some days of sore throat, and sleeping badly, had an eruption on his face and hands. It consisted of a slight reddening of the skin, which disappeared in about thirty-six hours. For the diagnosis of the eruption, I had, besides the preceding sore throat, no other ground than the fact that, at the time, scarlatina was pretty common in the town.*

I prescribed *Bell.* 3, three times a day, and limited the diet to soup, fruit, and greens.

When the sore throat was gone, I told the parents to keep him a few days longer in bed, and not to let him leave his room for eight or ten days. They, however (probably considering my diagnosis and the scarlatina to be “much ado about nothing”), let him go at once into the open air, and even sent him to school.

In a week after this, I was again sent for in a hurry. After it had been observed for some days (but disregarded) that the boy’s face and hands were somewhat swollen, and that he walked with difficulty and soon got out of breath, there occurred this morning, after a very restless night, repeated vomiting of watery mucous fluid.

I found œdematous swelling of the entire body, chiefly of the abdomen and feet; difficult and short breath; lethargic tendency to lie down; skin cool and moist; pulse not feverish, weak; urine scanty, of dirty brownish hue, with sediment like coffee-grounds.

By the use of *Helleb.* and *Bry.*, the œdema soon diminished, the urine became lighter and more copious by degrees, and within ten days he recovered perfectly.

Our opponents declare dropsy to be a “partie hon-teuse” of Homœopathy. (In their eyes, sure enough, we have a great many such “parties!”) I certainly consider dropsy to be not exactly our strongest side. Only let us

* “When once one knows that the walls are green *all over*, it is easy enough to diagnose the colour of each individual spot.”—*Dr. Mises.*

turn, in any of their standard works, to the family "Hydrops," under the head *Ætiology*, and we find there adduced, as the most frequent exciting causes, the following:—

Weakness; exhaustion of the powers by bleeding, purgative, diluent, relaxing medicines; *over-excitement* from so-called "nerve-strengthening," spirituous, aromatic, or narcotic substances; *acute gastric disorders, rheumatism, typhus, or exanthemata* (especially *scarlatina*) *disturbed in their natural course* by hasty or unskilful medical interference; *inflammations maltreated* by ill-timed, too frequent, or too copious bleedings, general or local, especially inflammations of the kidneys, liver, pericardium, pleura, and peritoneum; *agues suppressed* by quinine, arsenic, or drastic purgatives; *chronic eruptions* (as itch, psoriasis, eczema, herpes, crusta lactea, or favus) *driven off too rapidly* by sulphur and mercurial ointment, arsenic, pitch-plasters, salt and lime lotions, tar, corrosive sublimate, caustic potash or lunar caustic, applied externally; chronic cutaneous ulcers cured by merely outward remedies; maltreated chlorosis, gout, or syphilis; stases, tumours, and indurations of the glands, intestines, &c., produced or aggravated by preparations of mercury, antimony, or iodine; and so on.—Compare Raimann, *Spec. Th.* B. ii, s. 327, &c.

After such an *ætiology*, do we need any further proof that Allopathy herself is the fruitful mother of dropsies? She hands them over to us, as a rule, ready-made, and we treat not the original ailment, which is no longer present, but we have to deal with the remainder, the issue, the sequelæ of diseases, with the errors, maltreatment, and sins of phlebotomists, of ten-ounce-bottle men and quacks; sins for which, frequently, no art and no remedies, least of all *their own*, can make amends.

Let us now look for the brilliant results which Allopathy has to exhibit in the treatment of dropsy. One of their first prophets, Professor SCHÖNLEIN, gives us sufficient information on this head. In his *Specielle Therapie*, B. ii, s. 168, we read: "The prognosis of dropsies is unfavorable; we may consider that one-fourth of the patients sink at once,

and that of the three-fourths who recover, at least one-half relapse, after a longer or shorter period."

Does not the vituperation of our proud opponents, with such woful statistics of their own anti-hydropic treatment, remind us forcibly of the old crab in the fable, who reproaches her little son with walking backwards?

PULMONARY CONSUMPTION (BRONCHIECTASIS).

CASE 19.—Alexander S—, æt. 40, merchant, of phthisical frame, has been ill many years, suffering from a peculiar cough. In the day, and at night, he coughs little, and with slight expectoration of thin whitish-grey mucus. In the morning, on the contrary, generally soon after awaking, he throws up without much exertion a great quantity of greyish green pus; it is, in fact, not so much by coughing as retching that the expectoration takes place, in a great gush.

He has a moderate appetite; pretty good sleep; and, excepting a transient shivering over the back, which often sets in in the forenoon or towards evening, no particular fever symptoms show themselves. For all that he gets weaker month after month, and is quite emaciated, with pallid face, hollow cheeks, and weak hoarse voice. The tips of the fingers are swollen and club-shaped, and the nails bent almost like talons. Percussion gives a dull sound in the right upper half of the thorax, where also is perceived bronchial respiration, and a mucous *râle* in large and small bubbles.

The medicines prescribed in eight or nine months were especially *Puls.*, *Calc. carb.*, *Stannum*, *Plumb.*, *Sulphur*. Success with these was neither attained nor expected. The patient sank in the next spring, with symptoms of typhus coming on with predominant inflammatory affection of the lung.

The post-mortem showed the right bronchus in the form of a longish sack, from $1\frac{1}{2}$ to 2" in. in diameter; the tissue of the lungs wasted all round, and compressed to the thickness of pasteboard, yet not tubercularly infiltrated; the right lung hepatized in parts.

INFLAMMATION OF THE UTERUS.

CASE 20.—Anna B—, a servant, æt. 20 and more, robust, and previously in constant health, was three days before delivered of a child, favorably. Yesterday, only a few hours after being much vexed, she was taken with colicky cutting pains in the abdomen, and a severe chill. The pains were so intolerable that she was always wishing to jump out of bed. The lochial discharge had suddenly ceased. She passed the night sleepless, in continual pain, which ceased towards morning, with some sleep and perspiration.

She had bags of hot bran laid on the abdomen and mustard plaster on the calves, and drank marsh-mallows root tea constantly. The commendation at first bestowed on this domestic treatment proved premature. Towards noon a chill set in afresh, with most violent cutting pains in the uterus.

I found the patient towards evening in a high fever, the skin, though moist, burning hot; great thirst, tongue coated white; pulse quick, irregular, easily suppressed; the integuments of the abdomen very sensitive to the touch; dull pressure in the head, fainty weakness.

Cham. 2* every two hours; for drink, milk of almonds.

All the sufferings declined towards midnight; she was quieter, slept pretty well the rest of the night, and the discharge recommenced. After a single fit of moderate pain for some hours, which commenced about noon next day (the third of her illness), the recovery went on rapidly and without interruption with the three-hourly use of the *Cham.*; so that on the seventh day of her illness, and the ninth after the accouchement, she was able to leave her bed and her room.

A relapse a week after this, probably owing to taking cold during an abundant uterine discharge, was cured by *Bell.* in three days.

* Compare *Cham.* symptoms 172, 216, 222, 349, 376, 401, *99, *450 (22, 23, 24.) R. A. L. ii, Th. 2 Aufl.

From the fact that the patient got well of the same disease with two different remedies, is it to be inferred that neither had any influence on its departure, and were therefore inert and superfluous, the rapid recovery being naturally explained by the powerful reaction of the robust woman's organism?

I am, indeed, convinced that the totality of symptoms in the relapse (of which, unfortunately, I did not make a note) would sufficiently justify the choice of *Bell*. But let that pass! Let us rather endeavour on this occasion to explain as clearly as possible to Messieurs our learned opponents, our views on the organic reaction to which, in our cures, they assign almost as important a part as to the *Vis medicatrix naturæ*; they will thence be enabled to infer how much value we set upon their rigid criticism of our clinical results.

Firstly. Organic reaction is not to be considered as a *peculiar, isolated, simple power*. It is a name for a physiological action produced by the co-operation of, perhaps, ten or more unknown factors* or agents.

Secondly. Organic reaction knows nothing of an aim, or intention; it works not by choice, but necessity—here for weal, and there for woe.† The teleologic theory of reaction—sprung from the same soil as the *vis medicatrix naturæ*—

* Expressions such as sensibility, irritability, reproduction, reaction, conservative tendency, &c., must never be misemployed as ultimate elements of explanation; just because they themselves require the aid of physical scientific abstraction, and do not follow (as such elements ought) an assignable law. All these notions which give peculiar names, and assign peculiar powers to physiological facts in general, or to their several departments, introduce *no new truths*, but merely *new problems* into science. It is but self-deception if a man believes he has made an actual acquisition when he has learned the names for those simple powers out of which fancy builds up for herself the drama of life. It is not these so-called "forces" or "powers" that produce the phenomena; they mean rather capacities to produce physiological effects; there are complications, combinations, results, whole groups of processes, through which they are at the very outset determined and explained. Compare Lotze, *Leben, Lebenskraft*, in Wagner's *Hand. d. Phys.*, Brunswick, 1842.

† A sunbeam darts through the eye of a newborn infant. The eye certainly defends itself (reacts) against the stimulus of the vivid light; only the reaction consists in a paralysis of the retina produced silently and without

the theory according to which an abnormal stimulus is succeeded by a counter-action, whose aim it is to balance the disturbance and restore the normal condition, is accordingly an empty phrase.

Thirdly. The organic reaction is by no means always called forth. It would, on the one hand, fare ill with the constancy and permanence of the organic machine if it were so sensitive to every abnormal stimulus as to allow itself to be brought, on every such occasion, out of its (ideal) regular course. Rather does nature appear to have furnished life with a mighty protection against the manifold physical and moral calamities with which it has to struggle, in the law which provides that in general a stimulus does not evoke reaction unless it acts to a certain extent or for a certain period; whilst in the case of slight and transient stimuli, reaction occurs not in a less degree, but *in no degree whatever*. (Compare Lotze, *loco citato*.) Under this protection, the little ship of health often braves, for years together, all the storms prepared for it by cares, want, adversity, labour, business duties, the nature of one's livelihood, injuries by weapons; or again, by the diseases of good living, intemperance, passion, and sin.

On the other hand, the great danger to the health and life of man lies just in the fact that, even where the abnormal stimulus operates intensely or continuously, sometimes *no* reaction takes place.

Some examples from practice will illustrate my position.

1. A healthy, strong man, lies down on a fine May morning on the dewy grass; that evening he feels a shivering, with stiffness of the jaws and neck; speaking and swallowing difficult. In the night he is seized with convulsions, trismus, opisthotonus, and dread of suffocation. On the fifth day he dies.

2. Suppose I touch a man ill of the plague. From the moment when the contagion penetrates me, the reaction

symptoms. The child pays for the carelessness of the nurse with incurable blindness. Again, a sensitive, blooming, talented girl is terrified by her horse shying. The organic reaction amounts to a violent shock of the whole nervous system resulting in epilepsy and imbecility.

might commence its operation, to get rid of the disturbance. I am seized with nausea, vertigo, shivering, vomiting, fetid diarrhoea, carbuncles, buboes, and petechiæ. In a few days the grave has balanced all disturbances.

3. A well-fed mufti, in the prime of life, falls ill under symptoms which, according to the manuals of therapeutics, denote a slight hepatitis. In spite of the most favorable prognosis of his physicians, he dies. The post-mortem exhibits an extensive cirrhosis of the liver. He was fond of a dainty table, a judge of good wine, took little exercise, and gave way to his temper. Reaction had time, perhaps years of time, to oppose these injurious powers; but no lamb can allow itself to be led to the slaughter more patiently than did the organism, in this case, to death. A slight sense of weight in the region of the liver, a little tinge of yellow, diminished appetite, restless sleep, excitable temper, were the only symptoms which for a few months preceded the hepatitis.

From all this it is evident that it would be foolish, in the presence of a disease, to speculate upon the commencement of a favorable reaction in the organism; and that in no case can more than a probable ground be adduced for the idea that this reaction has that share in our successful cures which our opponents assign to it.

INFLAMMATION OF THE LUNGS.

CASE 21.—My last visit was to a woman recovering from a severe pneumonia. Mrs. B—, æt. 60, though well off, yet addicted to the basest avarice, and consequently, as she allowed herself no good food, much reduced in strength, was attacked with violent inflammation of the lungs. She had already, several years before, got over the same disease; and, after repeated bleedings, been obliged to keep her bed and room nearly six weeks.

The course of the disease this time was a very stormy one. The prolix detail of the disease and the treatment would present no particular interest; nor could the latter be taken generally as a model. There were too many

medicines given. During the first days, for stitch in the side and blood-streaked sputum, *Bry.*; afterwards, for rusty tough sputum, and very difficult short breath, *Phos.*; for formed, dirty yellow, frequent expectoration, *Sulph.*; for intercurrent fits of dry cough, with asthmatic contraction of the chest and throat, *Ipec.* By the fourteenth day the danger seemed to be removed. At present, the twenty-second day of illness, the patient feels still weak, but has good appetite and sleeps well, and ought to recover perfectly in a few days.

There have been members of the profession who were so obliging as to recommend the authorities absolutely to forbid the employment of Homœopathy in acute inflammations (*Med. Z. v. V. f. H. in Pr.* 1833, No. 17). With the results obtained by the two opposite schools of medicine in the treatment of pneumonia laid side by side, this is the highest pitch of effrontery which the vainest self-esteem and stone-blind ignorance could attain.

We have before us Bouillaud's twenty-six cases of pneumonia. With his "Saignées coup sur coup," he has amongst his colleagues the lowest proportion of deaths at 9 per cent. (If the twenty-six cases be looked into more exactly, the proportion mounts to 15 per cent.) With the exception of three slighter cases, the first trace of amendment does not appear till the seventh day, reckoning from the beginning of the illness. The process of recovery was almost always tedious; only a few were dismissed as cured before the fourth or sixth week.

Philipp (*Lungen und Herzkrankheiten.* Berlin, 1838) says that the average of deaths in pneumonia may be taken as 1 out of 3. Louis calls that an enormous mortality. What would he say if he knew that at the Charité in Berlin, in 1837, they lost one-half their pneumonia patients? or that, as Alfred Bequerel reports, in a hospital at Paris, from April 1 to October 1, 1838, forty out of forty-six died of pneumonia?

The favorable results of homœopathic treatment in pneumonia are not so evident in the course of the disease, as in the immediate or mediate consequences, viz. the

issue, the proportionate mortality,* the sequelæ, and the period of convalescence. Under our hands, as a rule, complete crises† set in (after more or less clear indications of critical symptoms) on the third, fourth, or at most the seventh day; which crises run parallel with the incipient and completed pneumonic infiltration, by which also they are determined. The patient generally goes back to his work on the twelfth or fourteenth day.

“Is this an abridged course of the disease? and have our medicines any positive influence on it?”

When one sees that pneumonia is not materially disturbed in its course, *as to time*, even by bloodletting “coup sur coup” (which is downright insane treatment), but is retarded for one, two, or three days at the most, it is difficult to escape the conviction that it follows an unalterable law, and can no more be cut short than scarlatina or smallpox.

It seems that the laurels which physiological medicine has gained in the treatment of pneumonia, have disturbed the sleep of some of our opponents!

“The Homœopathists,” say they, “treat their pneumonia patients with nothing at all; and in that way succeed better than we do with our antiphlogistic apparatus. Let us venture on the experiment! Let us follow their plan!”

It is conceivable that a man who is allowed to wend his

* The homœopathic hospitals at Gumpendorf and Leopoldstadt, since their existence respectively of thirty-four and fifteen years, exhibit a pretty steady average of deaths by pneumonia as from 3 to 4 per cent., the account being *under the control of government*. Excepting Nenning, one of our most unwearied provers, we know but one man who boasts of never having lost a single patient by pneumonia in an extensive practice. This is Krüger-Hansen, the most implacable enemy of bloodletting. We candidly avow that such success seems to us hardly credible. Can it be that, in a practice of twenty to thirty years, no case of secondary, venous, or hypostatic pneumonia occurred? No pneumonia *senum, infantum, neonatorum*? problems, which neither a Hippocrates, nor a Sydenham, nor a Schönlein, any more than a Paracelsus nor a Hahnemann will successfully solve in every case without exception!

† Crises are morbid phenomena; symptoms which, when they occur, permit us to hope for a happy termination of the disease. They are swallows, which proclaim the spring, but do not make it.

way, quiet and undisturbed, along the open street, should get to his destination with more ease and safety than one who, with his feet loaded with leaden weights, has to trudge laboriously through a bog. Is it any wonder if he should stick in the bog, and come to grief?

Besides,—perhaps regard to humanity is, after all, but a secondary point. Does the purely dietetic treatment of pneumonia furnish a proof that Hahnemann's doctrine is a mere phantom of the brain, and that all our cures depend entirely on self-deception? Has the proof been furnished? Let us see.

Dr. Dietl (See his *Treatise on Bloodletting in Pneumonia*. Vienna, 1849, p. 105, &c.) treated 380 patients for primary pneumonia, from 1842 to 1846, in the district hospital at Wieden.

	By bleeding.		Antimony (strong doses.)		Mere diet.
	85	.....	106	.....	189
Cured.....	68	.....	84	.....	175
Died	17	.....	22	.....	14

Thus the proportion of deaths was—

20·0 per cent.

20·7 per cent.

7·4 per cent.

The proof has failed, sirs; your dietetic treatment still limps halfway behind the Homœopathic.

(*To be continued.*)

ON THE ALLOPATHIC AND HOMŒOPATHIC USE OF SPECIFICS.

By Dr. DRYSDALE.

(*Continued from p. 445.*)

AFTER the hypothesis respecting the action of Cinchona had presented itself to Hahnemann's mind in 1790, he continued to ponder over the subject, and to search for evidence, and to make further experiments till 1796, when he an-

nounced his principle no longer as a hypothesis, but as a general law for ascertaining the curative power of drugs.

His original statement of his principle in 1796, is "by choosing a remedy for a given natural disease that is capable of producing a very similar artificial disease, we shall be able to cure the most obstinate diseases." And again, "In order to discover the true remedial powers of a medicine for chronic diseases, we must look to the specific artificial disease it can develop in the human body, and employ it in a very similar morbid condition of the organism which it is wished to remove." [*Lesser Writings*, p. 312 and 313.]

There is nothing here about the totality of the symptoms, nor anything about the way that similarity is to be discovered. This simply belongs to pathology and semeiology, which are independent branches of medicine to be cultivated to their highest perfection, quite irrespective of theories of cure. But he was at once brought face to face with the question "What is disease, and to what is the artificial disease to be similar, and to what degree is the similarity to extend?" We are thus plunged into the sea of difficulties that beset the question at the time and do still beset it to such an extent that they prove the stumblingblock to the general acceptance of the homœopathic principle as the law of specifics. It was already well known that the specifics then in use were incapable of curing all cases of the diseases in which they were remedial. Hahnemann's first idea was similar to what is still generally prevalent, viz. that this depended on the presence of complications, as we see from the following extracts :—

"I do not expect and do not believe there can be a thoroughly specific remedy for any disease of such and such a name, burdened with all the ramifications, concomitant affections, and variations, which in pathological works are so often inconsiderately detailed as essential to its character, as invariably pertaining to it. Neither is bark specific in ague, in the most extended sense of the term, nor mercury in syphilis, in its most extended sense; they are, however, probably specific in both diseases, when they occur simple, pure, and free from all complication." [*Lesser Writings*, p. 306.]

In a note on the same page Hahnemann says *Bark* is useless in 7-15ths of ague cases. In the rest he thinks complications are the cause of other medicines being required, but he gives no satisfactory reasons why those medicines which remove the complications should also cure the ague.

Though the circumstance of complication is insufficient to answer the question in respect to the diseases depending on a specific exciting cause, still it no doubt plays a very important part in the explanation of the necessity for different specific medicines in different cases of ordinary diseases bearing the same name. But, we observe in the above extract the word "variations," and in the same page he likewise says "there are peculiar specifics for the pure disease, and others for its varieties." This opens up a new train of thought, which ultimately led Hahnemann to the conclusion that the nosological abstraction called "pure ague" does not exist at all. When we come to consider the matter closely, we see that it must be so. For in a disease depending on a fixed exciting cause, from what can the possibility of variations arise? Clearly it can be only from the differences displayed by individuals of susceptibility to its influence as a whole. In epidemics and contagious diseases depending on specific exciting causes, we do not see all the morbid phenomena possible displayed in any one case; but, on the contrary, to obtain a complete picture of the disease, we must gather data from a great number of different individual cases. In fact instead of saying we meet with pure cases and varieties, it is more proper to say we never meet with anything but varieties in practice. No doubt in a disease like ague, arising from a specific exciting cause, there are a sufficient number of the different marked phenomena present to show the nature of the case if it is sufficiently developed to be recognised at all; but the combinations of these vary infinitely in different cases, as may be easily seen in comparing a number of cases which are at all fully described. To take particular notice of this was not called for as long as no attempt was being made to explain the action of a specific medicine stumbled on by chance, and accepted as a

mysterious fact ; for, when all we know is that it cures ague, all that we need to know of the cure before us is that it is an ague, no matter of what variety. But when we come to explain its action by the production of similar diseased phenomena by the medicine, then it is essential that those distinctions should be insisted upon. Now, on the homœopathic theory, a medicine might correspond so far in its action with that of the exciting cause of ague, as to produce a very large proportion of similar morbid states, and therefore would cure a large proportion of cases, even when given indiscriminately, and thus be recognised as a specific by merely empirical physicians. But it is clear, unless it could produce effects similar to every one of the real marsh-poison symptoms (not complications merely proper to the individual), that medicine could not cure every case. Such is in fact what occurs, and we could not reasonably have expected that any substance could have been so like in its nature to another, as to produce the counterpart of all its possible effects on the human frame. Moreover, we shall find that a great number of other medicines possess the power of radically curing individual cases of ague, though the points of correspondence between them and that disease are too few to have attracted the attention of mere empirical observers. If this minute analysis of diseases was needful in those depending on a fixed specific exciting cause, to which Hahnemann himself was inclined to allow a tolerably definite and stable form, how much more must it apply to the great mass of ordinary diseases, whose special character is given mainly by their anatomical seat, either in organs, or parts, or tissues, down to the minutest ramifications as displayed by the microscope. And if there are important variations in individual cases even of disease of the larger organs, whose seat and course is accurately known, how much more must there be in those minor derangements, general and local, combined in infinite variety, and dependent on the infinite variety of external and internal exciting causes always at hand, which constitute the staple of the diseases we are called upon to treat daily ! In short, if the homœopathic principle were true, it would be necessary for Hahnemann in opposition to other founders of systems, as the

humoralists, or Brown, or Broussais, whose aim was to generalise as far as possible—to specialise in every possible way. To avoid therefore the risk of being misled by the confusion of distinct varieties under the same name, Hahnemann felt it needful to abandon the nosology, and to a great extent the pathology, existing at the time, as far too imperfect to express the minute varieties of disease. The following extract expresses his meaning :

“ Hence it happens that with the exception of those few diseases that are always the same, all others are *dissimilar* and *innumerable*, and so different that each of them occurs scarcely more than once in the world, and each case of disease that presents itself must be regarded (and treated) as an individual malady that never before occurred in the same manner, and under the same circumstances as in the case before us, and will never again happen precisely in the same way ! How were it possible to arrange such *inconjungi-bilia* into classes, orders, genera, species, varieties, and sub-varieties like organic beings, and to give *names* to such states of the extremely composite psychico-corporeal microcosm, subject as it is to such varied irritations by such innumerable agencies—states that are capable of such an infinity of modifications and shades of differences ! The millions of morbid cases that occur perhaps but once in the world require no names. We only require to cure them. Diseases have been associated together according to some merely external resemblance, or from some similarity of cause, or of one or other symptom, in order that they might be treated by the same medicine, with a small outlay of trouble.”—Hahnemann’s *Lesser Writings*, page 504.

The real meaning of this is, in my opinion, not that Hahnemann ever abandoned pathology, but that he recognised the fact that the similarity between the medicine and the disease was to be sought for, not in the concrete disease, but in the elementary morbid states, which, combined in varying proportions, make up the recognised disease. And it is owing to this that we cannot expect a Homœopathic medicine to produce on the healthy body the exact counterpart of any concrete disease in some stage of which it is the specific remedy. It is now in pursuance of this extreme need of specialising, that Hahnemann proceeds to inculcate

the necessity of the most minute and comprehensive description of the symptoms in each case, and at last arrives at the famous dictum, that the sole ground for the choice of the remedy must be the totality of the symptoms present in each case. This has been the subject of endless controversy both within and without the Homœopathic school, for the historical details of which I cannot do better than refer to the eleventh chapter of the lectures on Homœopathy, by my friend and colleague, Dr. Dudgeon. I do not know either that I can add anything to his summing-up, but, as it is essential to the course of the argument to bring the subject before us, I must enter on it again. In the first place, let us remark that hitherto there has been no question of symptoms, but only of diseases or morbid states, and I will endeavour afterwards to make it plain, that the real object of treatment by the Homœopathic method is the Proximate Cause of disease only, and that Hahnemann understood it so, and meant it so, in spite of the mode of expression used by him and his followers. Nay, more, that the Homœopathic method is the only dynamic one that acts *directly* and exclusively on the proximate cause, and is incapable of being used for treating symptoms merely ; and, when we take into account the technicality of the dose, the most ignorant and blundering practitioner cannot do otherwise than hit the proximate cause, or miss producing any effect at all. Nevertheless, there is no end to the repetition of Hufeland's original objection, that Hahnemann's method would only treat the symptoms, leaving the disease uncured, and if his principles were pushed to their legitimate conclusion, Homœopathy would prove "the grave of science." To this, the answer of Hahnemann in later editions of the *Organon* is quite triumphant, if we take the expression "totality" of the symptoms in its absolute sense as implying all the possible means of knowing the existence of a disease: not merely what can be learned by the subjective symptoms, and those cognisable by the physician with his unaided senses, but also with all possible means of physical and chemical diagnosis known then or since, or *still to be discovered*, and all light to be thrown on it by pathological induction. In short, all means possible in the past, present,

and future for detecting the existence and *distinctive nature* of a morbid process, to which we wish to find the *pathological simile* (happily so termed by Dr. Gairdner), and not merely resembling it by the coincidence of a few outward symptoms. In this sense the objection is not only unfounded, but in another sense it is even ridiculous; and every one will agree with Rau, when, in defence of Hahnemann's position, he quietly observes that "he would consent to be ill all his life, provided the disease did not manifest itself by any symptoms" (Dudgeon, *Lect.*, p. 315). If in theory Hahnemann's position is unassailable, practically his directions for the choice of the remedy "that the sum of all the symptoms in each individual case must be the sole indication, the sole guide to direct us in the choice of a curative agent" (*Org.*, § 18) has often been read and interpreted in such a narrow spirit as almost to justify the objections made to the possible existence of a Homœopathic method at all.

However, Hahnemann has been compelled to qualify this in so many ways—such as the need of appreciating the remote causes, and of distinguishing symptomatic from idiopathic symptoms, and finding the peculiar and uncommon symptoms of the disease, and the Psora theory—that his way of finding out the *pathological simile* does not differ essentially from the common, and, in fact, only possible way. The above rule of the totality of the symptoms being the sole guide, means nothing more than a repetition of his emphatic protest against seeking any help whatever to find the specific remedy in speculations respecting the ultimate essential nature of the proximate cause. Likewise we may take the "totality of the symptoms," &c. as a text to remind us of the necessity of avoiding all partial and one-sided modes of investigation, and that we require all the resources of science to be applied both to the discrimination of diseases and to the effects of medicines before we can properly test the Homœopathic principle. We must give no more than due weight to either the subjective symptoms or the objective symptoms, or the physical signs and chemical tests, or to pathological and clinical induction, and

never neglect to take them all into account. It is very difficult to do this, and almost no one can be for ever equipped and armed at all points; the consequence is, that we come involuntarily to rely unduly on one or other of these modes of diagnosis, and get into parties who discuss the relative merits of their different ways of finding out the *simile*, as if there really were any antithesis between them, instead of their being all parts of one whole essential for the complete diagnosis of the correspondence of disease and remedy.

Before we can properly discuss the relation between Pathology and Homœopathy, it is above all things necessary that we agree on the terms applied to the causes of disease; and I think it best to quote here, in full, Dr. Fletcher's definitions, by which I shall be bound in speaking on the subject:

“The causes of diseases are commonly said to be either remote or proximate, and the former are subdivided into the *predisposing* and the *exciting*. A predisposing cause may be defined to be some *permanent condition* of the body, which, though insufficient under ordinary circumstances to produce a morbid change, still, in co-operation with an exciting cause does so; and an exciting cause may be defined to be *some accidental variation of the circumstances* affecting the body, which, though likewise insufficient in itself to produce a morbid change, may still co-operate with a predisposing cause in so doing. Lastly, a proximate cause may be defined to be some morbid change, either structural or functional, in the body itself, excited by the two former, and in its turn immediately giving rise to the disease. To this excitement, as far as it is healthy, two conditions have been represented as necessary—a natural susceptibility on the part of the body of being affected, and certain natural stimuli capable of calling the susceptibility into action. The result is, a series of healthy actions, giving rise to a healthy function. To the same excitement, as far as it is morbid, two conditions are likewise in general necessary—a preternatural susceptibility on the part of the body of being affected, and certain preternatural stimuli capable of calling this susceptibility into action; the result is, a series of morbid actions giving rise to a disease. They vary, therefore, only in degree; and the business of ætiology and semeiology is consequently nothing more than the consideration of

preternatural irritability or predisposing cause, and preternatural stimuli or exciting causes, and preternatural functions or diseases. With respect to the general admission of the two heads of remote causes above proposed, almost all persons are agreed that it is founded in common sense, and, as established with a view to practical utility, must not be tried by the rules of scholastic argumentation. Everybody is aware that, if two persons of different constitutions be exposed to the same accidental circumstances, one is frequently affected with a peculiar disease, while the other escapes; and that the same often occurs when two persons of the same constitution are exposed to different accidental circumstances. The constitution of the affected person therefore, in the former case, and the accidental circumstances to which the affected person was exposed in the latter, we set down, with reason, as respectively a predisposing and an exciting cause of the disease in question, and this, whether we can explain the mode and boundaries of their action or not. But, with respect to the admission of a proximate cause, there is much less approach to unanimity; and, indeed, the existence of such a cause is in the present day very generally, but as it appears to us, very injudiciously questioned. In nine cases out of ten, a medical man, called on to define a proximate cause of disease, will reply that he knows of no distinction between this cause and the disease itself, and that in his view of the matter the terms are synonymous. But this is to confound all distinction between what is often hidden and what is always manifest, and implies a very inadequate conception of what constitutes, strictly speaking, a disease. A disease is analogous to a healthy function; a proximate cause to the mechanism of that function. We may recognise the one without knowing anything about the other. If the discharge from the nostrils in catarrh, and the yellow colour of the skin and eyes in jaundice, be distinct respectively from an inflammation of the Schneiderian membrane, and an obstruction of the biliary ducts whence these symptoms proceed; if what a person, ignorant even of the existence of such a membrane, or such ducts, immediately perceives and recognises, be distinct from what a medical man arrives at only by study and observation; if, in a word, semeiology and pathology be distinct sciences, a disease is not identical with a proximate cause, but something resulting from it, and separated from it by a very distinct line of demarcation.

It bears nearly the same relation to a proximate cause which a shadow does to the substance which produces it; and as the shadow is the immediate and evident effect of the interposition of the substance so as to intercept the rays of light, whether the substance be obvious or not, so a disease is the immediate effect of its proximate cause, which, in like manner, may or may not be obvious; in other words, it is merely an abstract term, by which we signify certain phenomena, without any reference to their immediate origin.

“In short, if by the term disease we choose to understand not an entity, any more than life or healthy action is an entity, but a collection of symptoms, such as it is set forth without comment by the merely practical physician, the separate existence of the proximate cause, or the actual entity when the disease occurs, and the investigation of which is the business of the pathologist, will be abundantly manifest; if we do not, we must be contented, in abolishing the term ‘proximate cause,’ to use the term ‘disease’ to signify two things as distinct from each other, literally speaking, as light from darkness. The definition which we choose to give of a disease is in a great measure arbitrary. We may make this, if we please, the entity; we may define it a certain morbid condition: but if we do so, we have no term whatever to designate that abstract collection of symptoms which results from this morbid condition of the body, and which is always sufficiently manifest, although this morbid condition may be very obscure. It is surely better, then, to call by the name of ‘disease,’ such a collection of symptoms, and by the name of a ‘proximate cause’ such a morbid condition of the body as immediately gives rise to them.”—Fletcher’s *Pathology*, p. 1.

From this it is obvious that Hahnemann rightly applies the name of the disease to the assemblage of symptoms; but at the same time the proximate cause ‘must always be the object of treatment, whether we can understand its ultimate nature or not. What Hahnemann really objected to, as treatment of the cause, was the attempt to deduce a mode of cure from speculative notions of the ultimate nature of vital action. What were those notions? In his “three current methods” (*Lesser Writings*, p. 607) are enumerated—the theory of the Archæus or spirit, which presided over each organ, and which required soothing when the organ suffered;

the theory that all diseases had for their proximate cause the predominance of acid, and therefore alkalies were all that was wanted; the theory of a universal poison, to be counteracted by absorbent earths, bezoar stones, and opium with spices; the theory of putridity, requiring antiseptics; the theories of acridities, morbid humours, black bile, &c., in the blood and all other varieties of the humoral pathology, generally met by evacnants of all kinds; the theory which attributed the proximate cause to saburral impurities of all kinds; to glandular obstructions, and a host more of material causes, besides also the more subtle and intangible speculations on the alteration of the nervous structure and functions; to altered chemical composition of the tissues; and finally, to the altered composition and form of matter. Now, no doubt many of these are legitimate objects of pathological investigation, while others are totally inconsistent with sound philosophy; but in respect to the first class, will any one assert that Hahnemann was wrong in rejecting them entirely, in their then state, as a basis for discovering specific remedies, or even modes of cure of any kind?

But, however this may be answered, we may leave the question, for no charge of neglect of pathology can be brought against the Homœopathic school at this day; and as for Hahnemann's practice, it showed a full appreciation of all the real aid to be derived from pathology, whatever be the form of his directions in the *Organon*. We may apply to him, in a similar sense, what Fletcher says of Cullen, while speaking of the incurable defects of all systems of nosology, viz. that his (Cullen's) "is the best, as being the most perfect as a description of diseases, and the least so as a system of nosology" (*Pathology*, p. 293). So we may say that if Hahnemannism really implies exclusion of all cognisance of the proximate cause, he was the best of physicians because he was the worst of Hahnemannists. But leaving these questions of sixty years ago, let us consider the modes in which we may detect speciality or specificity in diseased states, and a corresponding quality in the action of remedies. Dr. Fletcher says further (*Pathology*, p. 289), "From what has already been said with respect to a proxi-

mate cause and a disease, it necessarily follows that every individual symptom is in fact a disease, and has its own particular proximate cause ; but . . . the term disease is commonly and properly applied only to a collection of more or fewer of such symptoms, all arising from one general proximate cause." The smallest symptom of illness and the most unimportant symptom in the pure *Materia Medica* have their proximate causes, and the smallest group that can be traced to a common proximate cause may be considered a disease, and therefore amenable to all those influences of predisposing and exciting causes, and seat, and nature, which make up the distinctive character of a disease. As Dr. Aitken observes (p. 20), " We are not to confound relative smallness with absolute simplicity, and believe that because a simple organic cell is a small object—because we can see around it, through it, and on every side of it—the functions and conditions of its existence are less complete or less obscure on that account than are those of a more complex organ, or the functions of a living body." In most diseases there are a number of single symptoms and groups depending on their proximate causes which form separate links of the whole chain of alterations of structure or function which constitutes the proximate cause of the concrete disease. It is my opinion that the correspondence between the effects of medicines and their pathological *simile* in diseases is to be sought, not so much in their action as a whole, as in those smaller links of the chain that constitute the proximate cause of the disease as a whole. These I would rather term elementary morbid states, because in recognising them we already perform the mental effort of converting symptoms into signs of an inward change that causes them, whether we fully recognise the nature of that or have given it any name.

This view harmonises with the experience of Homœopathic practice, for there the exception is to cure any given case of disease with one remedy ; but, on the contrary, we must give a succession (or at times an alternation) of medicines, each of which seems to dissect out, as it were, the

elementary morbid state which constitutes, for the time, the important link in the different stages or phases of a disease. This also, however, points out a source of fallacy in the so much desired cures with a single remedy, which, in spite of the warning of Hahnemann, still prevails unduly in the Homœopathic school. For it often happens that when one important point is met, the rest of the disease gets well of itself; and this would still justly rank as a cure by art, as the cure of that possibly small part may have just sufficed to turn the scale of life and death, or shorten the whole process by many days, for most acute diseases have a tendency to recovery, and a very small therapeutic help may remove an obstacle to that. So it would be utterly erroneous to say that experience showed that the whole group belonged to the Homœopathic sphere of the medicine under which recovery took place.

Before this subject can be pursued further, we had better consider in detail the circumstances that give a distinctive character to any morbid state enabling us to recognise its existence, viz. its *seat* and *nature*, as determined by the remote causes of disease; as to these we must find the *simile* among the effects of medicines.

The *seat* is naturally the first element of specificity to which we all turn. If a medicine is to cure a disease in virtue of its action on the healthy body, surely one at least of the conditions is that it must *act upon the part affected*. This is simple common sense. It is likewise one of the surest grounds for inferring similarity and one of the easiest to appreciate, so it takes a high place in practice. In fact, some even in the Homœopathic school have been inclined to speak of it as the beginning and end of homœopathic similarity. It must, of course, be carried out to its full extent, not merely referring to general action of the disease or medicine on the larger composite organs or parts, but following out the tissues of which these are composed, as shown by histological anatomy. Likewise much of the general action of medicines can be made clear by referring merely to their seat in widely distributed tissues, just as diseases are so understood. With all this, however, the

reference to the seat is only a partial mode of fixing the similarity of specific action ; for, 1st, unfortunately we do not as yet know the seat of the proximate cause of many important and easily recognised diseases, as well as of a host of the minor derangements ; 2nd, even if we know the seat of the action of a medicine, that gives us no means of discriminating between the different medicines that act on the same part. This applies not only to those simple functions, such as contraction of a muscle, which can only manifest itself in one way from whatever cause excited, but also the more complicated processes, such as the increase of a secretion or the production of inflammation in an organ by a medicine of whose specificity of action all we know is that it is a tissue-irritant to that organ. If that is all we know, we can find no difference between one tissue-irritant and another. Accordingly, when we read the physiological commentaries on our *Materia Medica*, wherein it is attempted to reduce the action of medicines to their seat, we are at first charmed with the clearness and simplicity to which the apparent chaos of the heap of subjective symptoms is brought. But after reading a few dozen which act as tissue-irritants on the *primæ viæ* or the thoracic organs, or act on the muscles or the nerves, we find ourselves oppressed by the same sense of sameness as we complained of in the subjective symptoms. No doubt this will be gradually diminished as histological morbid anatomy advances, and is also applied to the pathogenetic symptoms of medicines ; and we are frequently surprised, in the progress of physiological discoveries, to find how apparently complicated and qualitative changes are found to depend on the mere interruption of natural functions. For example, the cutting of the sympathetic nerve in the neck gives rise to heat on that side of the head, and such disorder of the vitality that inflammation of the cornea and other effects frequently follow. Many of these symptoms are extremely common in diseases, and also in the pathogenetic symptoms of medicines ; and the temptation is strong to refer them simply to local inhibitory action on the nerve. Doubtless it is so often, but as far as that goes, all agents inhibiting the sympathetic at that place

must act exactly alike. It is therefore plain that seat alone is insufficient to enable us to find the specific resemblance between disease and remedy. There remains, then, specificity as to nature or character of the diseased process. This does not refer only to mere irritation of the part and exaltation of the function which may already be referred to seat, but a special quality or character in the process. This must depend on the action of the remote causes, viz. some specific quality in the exciting cause or in the predisposing causes. If this is more difficult to ascertain and act upon than the indication from the seat, it is far more certain and decisive as to the resemblance between the disease and remedy. Specificity in kind or character of action is already extensively recognised in general medicine. We need only call to mind the numerous kinds of catarrh capable of discrimination in the bronchial mucous membrane, such as the common form, the influenzal, the pseudo-membranous, the whooping-cough catarrh, the catarrh proper to measles, typhus, and other specific fevers, the gouty catarrh, &c. In all these the seat is substantially the same, but the character distinct, as may be recognised by the course of the disease, the nature of the lesion, and the product and the accessory symptoms. The same may be said of the gastro-intestinal mucous membrane, the skin, and doubtless all tissues and parts even to single cells. On this subject hear Trousseau:—

“The causes of the greater part of the diseases which reveal themselves by functional disturbance of the abdominal organs are completely unknown to us; but these functional disturbances, and the lesions which belong to them, have a form so invariable, that we arrive quite as soon at the affirmation of their speciality.

“Between the Asiatic cholera, dysentery, and dothinenteritis, there are differences so well marked, that even the least experienced physicians have no difficulty in distinguishing them from each other, and the possibility of this very distinction implies the idea of speciality; for there is no distinction possible, except in so far as specific characters exist, and the mere verification of these characters establishes at the same time existence of specificity.

“Now, in regard to the three diseases above mentioned, it is

assuredly not by the phenomenal quantity, *i. e.* by the intensity of each of the symptoms, that the character of the affection is judged, but truly by the quality, that is to say, by the special form of certain phenomena, independently otherwise of their intensity."—Trousseau and Pidoux, *Traité de Thérapeutique*, vol. i., p. 474.

Here we have, in slightly different phrase, all that Hahnemann contends for, viz. though we may not comprehend the ultimate nature of the proximate cause, we can quite well recognise, by the symptoms, the specific individuality and difference of three diseases of the same mucous tissue; and further, that the mere intensity or degree of the phenomena has no influence on the recognition of their specific nature. Hence follows the possibility of recognising the similarity between natural morbid states and the far less intense degree of artificial morbid states, such as the provings of medicine on the healthy body afford.

The specificity as to character or kind of action has been greatly insisted upon in the Homœopathic school, and is the source of many of the most valuable discoveries of specific curative indications. It applies to all those influences that are included under remote causes, viz. age, sex, habit of body, temperament, &c., and also to the exciting causes, such as the passions, sympathy, morbid poisons, blows, &c. The admission of these circumstances as special indications for the specific action of medicines is almost peculiar to the Homœopathic school; but it has also been, unfortunately, carried too far, and made the ground of a one-sided and partial mode of choosing the remedy, in opposition to the rule of keeping in view the totality of the symptoms.

Having seen that the means of ascertaining the seat and distinctive nature of disease are just the same as those in common use, we may now consider the special difficulties belonging to the application of the Homœopathic method. If the signs of disease were sufficiently developed to show its exact nature in every case, and if the provings of medicines were equally perfect, we could—granting the Homœopathic principle to be the law of specifics—in each case

discover the proper remedy without any reference to experience derived from any other case ; but, as we all know, neither of these conditions holds good, therefore we are compelled to eke out our knowledge from all the sources above spoken of, viz. the pure symptoms, pathological and clinical induction, and the physical and chemical signs. We thus perceive that the sum of the symptoms present in each case cannot be the sole guide for the choice of the remedy, if taken literally. And it may and must happen that we may cover every one of the symptoms present in a case with those of a medicine, and yet it may not be the pathological *simile* at all. This may arise when the disease is insufficiently developed to display its special character, at least through the means of diagnosis at present known. On the other hand, a medicine may be found and shown to be the Homœopathic *simile*, though we cannot find in the proving the chief symptoms, or perhaps not one of the symptoms, present in the case before us. This can be done by pathological and clinical induction from the pure symptoms we already possess of the medicines, and we may presume, with certain limitations, that if the proving was more complete those symptoms would appear.

In illustration, let us take vaccinia, a disease which we know to be extremely similar in nature to variola, though differing so widely in intensity of development. Now, no one could possibly have discovered that similarity from merely examining the symptoms present in any individual case, nor any number of individual cases. On the contrary, it was only after a systematic study of the disease in all its bearings, and a course of experiments, that that similarity was discovered. Now when we reflect that the vaccine disease must have existed for centuries, and been seen by numbers of medical men, and probably by many who bear the greatest names in medical history, and yet no one before Jenner recognised its nature, we cannot wonder at the incredulity displayed by the great majority still in our day respecting the specific action of the medicines in common use. Probably if some quite unknown medicine was cried up as a specific they might listen ; but that the medicines

they are using every day should have a quite different specific action from that usually recognised is a proposition they will not entertain. Nevertheless, careful study and experiment have shown medicines to produce effects very similar to many diseases. *Colocynth* has been used by countless hosts of doctors, from Dioscorides downwards, as a purgative, and none of them discovered that it could produce symptoms very similar to certain forms of neuralgia, peritonitis, rheumatic and gouty ophthalmia, hemicrania, toothache, &c., which it also cures specifically in doses far too small to produce any purgative effect ; nor did they find that in the same small doses it cured the colic, diarrhoea, and dysentery, which they knew it produced the like of. So much for the difficulty from imperfect development, and as far as this goes the rule of totality of symptoms must be read *cæteris paribus*.

With respect to the physical signs, as the provings are seldom pushed to the extent of giving rise to them, they can be of very little aid in directly indicating a simile, and even in that case they could do no more than indicate very generally the seat. Their use to us is in *clinical experience* and in the *management of the case*. In these ways they are invaluable and fully appreciated by the Homœopathic school. But, as the choice of the specific depends mainly on other grounds, they are sparing in the repetition of physical examinations, and this has led persons superficially acquainted with the subject to accuse them of ignorance or of indifference to the value of physical signs. On this subject, therefore, we may as well hear Dr. Aitken :—

“ We are not to suppose that because the stethoscope enables us to detect a mitral murmur, or a crepitation in a lung, we are justified at once in adopting one, and only one, method of treatment. It is this exclusive use of instruments, to the disregard of general symptoms, and signs of disease derived from close observation and knowledge of the living functions, which leads to the repudiation of the use of such instruments by the sagacious and experienced physician, who sees the numerous errors not unfrequently committed by his younger brethren, who trust too exclusively to these instruments in the diagnosis of disease. . . .

The thorough study of these aids to the senses in appreciating disease, leads directly to the possibility of dispensing with them in many instances. By means of auscultation and percussion, for example, our attention has been drawn to numerous conditions of the thorax, which enable us to make the diagnosis at the first glance, which hitherto was not possible; because the conditions for diagnosis could never have been recognised without such physical aid to the senses as that derived from auscultation and percussion. In many cases, from the mere inspection of a patient, a well instructed clinical student may decide upon the existence of pleurisy, pneumothorax, emphysema, or pulmonary tubercle. The initiated are thus frequently enabled to dispense with percussion and auscultation; but if they had never acquired the practical knowledge of the subject,—if they had never examined numerous patients by means of these physical aids to diagnosis, and so learned thus to determine, with great exactness, the significance of the various forms and movements exhibited by the thorax, they would never have been able to appreciate their significance.”—Aitken’s *Science and Practice of Medicine*, pp. 20 and 21.

We now come to the subjective symptoms. These have always been appreciated in medicine under the name of rational signs, and were dwelt upon in full detail by the ancients. But of late, owing to the preponderance of morbid anatomy, they had come into partial neglect. Hahnemann has restored them to their full prominence, and given them infinitely greater significance, by the discovery of the minute subjective symptoms of medicines, and the use to be derived from them. He has thus restored to descriptions of disease the fulness and variety of detail which all life-like portraiture of nature must possess.

The minute subjective symptoms of the medicines are the final and completest means of adapting the specific action of the medicine to the specific character of the disease. They are, therefore, the *ultima ratio* in the differential diagnosis of the more or less numerous medicines that are given us, as equally indicated by any or all of the other methods combined. A full consideration of the subject would lead us far beyond the scope of the present

argument. I may merely quote a paragraph from Professor Hoppe, of Basel, on the subject :—

“The objective symptoms do not suffice to enable us to grasp satisfactorily the existing abnormal state in a vitally active tissue. This state conceals itself with infinite secrecy, and there remain, therefore, nothing but the subjective symptoms to help us to penetrate, in any possible degree, to *that* which, in vital derangements, is essentially the disease, in order to grasp it pathologically, and, as far as is possible to the human intellect, to recognise and cure it. And this is the ground why—instinctively, as it were—the subjective symptoms are also so eagerly sought after and conscientiously collected. That the choice of the remedy also depends upon them is for the present only the ostensible ground, and, as soon as we understand the matter better, it will be seen that the choice of the remedy depends neither on the subjective nor on the objective symptoms, but upon the *character* of the vital disturbance which expresses itself by these symptoms,—a fact which is already indicated in manifold ways in the writings of the Homœopathic school, and which it is endeavoured to carry into effect practically in the *Materia Medica* by their efforts to grasp the character of the action of each medicine.”*

“No symptom, also no subjective symptom, were it even the smallest and most imperfect of them, can we venture to neglect: the essential lies too deeply hidden and cloaked to allow us to omit one single indication which might possibly enable us to penetrate into the depth.”†

In this last, likewise, I perfectly agree, and I have been also frequently struck with the extreme significance of apparently unimportant or even trivial symptoms, which form, as it were, chinks from which light streams out, enabling us to form some conception of the distinctive character of the unknown proximate cause. They are like the microscope in physical diagnosis. No one can instruct another on the proper significance of the minute subjective symptoms, but each must find it out for himself by faithfully writing down cases from the mouth of the patient, and

* Hoppe, *Die richtige Bedeutung der subjectiven Symptomen*. *Hom. Vierteljahrschrift*, Bd. 13, p. 255.

† Hoppe, *loc. cit.*, p. 259.

endeavouring to find the counterpart of the symptoms with almost literal fidelity in the *Materia Medica*. He may do this time and again without satisfactory result, but sooner or later, by perseverance, he will make a hit, and some single symptom or small group of symptoms—whose connection with each other he will find great difficulty in explaining—has disappeared, and the patient's state on the whole is much benefited, and either he gets well without further medicine, or a similar process must be gone through with the remaining disease ; thus showing the value of the minute symptoms, and the independence to a certain extent of the elementary morbid states on which we operate.

But the question is, why we require to eke out such a perfect mode? From their imperfectly developed fragmentary form, and from the doubts regarding the reality of the recorded symptoms. This latter subject is also too large to enter upon, therefore we may take it for granted that a certain number—probably a large number—are actually false, and are only in the *Materia Medica* from incorrect observation. Supposing these eliminated and nothing but true symptoms remain, from what has gone before it is plain that you cannot make sure of fitting the pathological simile from the detached fragments of the effects of medicine and the incomplete development of a disease which the totality of the symptoms present in individual cases affords. It may be possible and doubtless is done in some cases, but as a rule it cannot be done with the *à priori* certainty of calculation in the physical and mathematical sciences. Therefore the choice of the medicine must at first be hypothetical or tentative to a certain extent. We must, in fact, make a discovery in the first instance of the disease, in some variety of which the medicine is specific in virtue of the power disclosed by the symptoms. In short, we must find out by trial on a complete disease what those small indications really pointed to : we must find by clinical induction the complete disease. This we may call the method by discovery. Now, how are we to communicate our experience to others? Surely in no other way than by arranging diseases according to the best method, and

adding the medicines found useful in them: but with this remarkable distinction between the Allopathic and Homoeopathic therapeutic lists, that the name of the disease is *never* to be taken as a sufficient ground for the specificity of the medicines in any one case, but the differential diagnosis between the different medicines there named is thrown back on the symptoms. In short, there must always be the "totality of the symptoms" proviso. It is not to be expected that the general run of practitioners can be thrown back on the method by discovery, from an imperfect and unsifted *Materia Medica* in all cases even of acute, dangerous, and sudden diseases; but they must have the aid of clinical experience, in the form of therapeutic and clinical guides, which will lead them in the mean time to a comparatively small group of medicines, among which they can make the differential diagnosis by the minute subjective pure symptoms. This every one ought to do at least, and beyond that he ought to apply the method of discovery to some cases at least every day. Without that, he will very soon sink into a mere routinist and specificker. A pretty good test of a man's practice is the use he makes of repertories of the pure symptoms. An experienced physician may do without a clinical guide, because his memory may be sufficient to retain the arrangement of medicines according to diseases. But to remember the minute symptoms in the *Materia Medica* is simply impossible, and therefore he requires a catalogue of them, so contrived as to furnish easy reference. The word "repertory" has been used in a double sense,—both as clinical guide and catalogue of pure symptoms, and thus given rise to much confusion and needless controversy.

In illustration of the points touched on in the above argument, let us consider one or two individual diseases.

In a case of ordinary acute pleurisy, which is the elementary morbid state requiring attention first, if we are to be guided by our judgment of the case in hand? That we cannot tell *à priori*. No doubt a mere theorist would tell us the local state of course; let us first ascertain, by the physical signs, the existence of inflammation of the

pleura, and then confine our treatment to that ; for the fever and all other symptoms are merely sympathetic, and will go away of themselves when the local complaint is cured. Such a case might occur possibly, as from a traumatic cause perhaps. But in general it is very different, for—

“It is to be observed that there is no fixed relation between the degree or intensity of internal inflammations, and the constitutional fever attending them ; nor is the fever always proportioned in its degree of violence to either the size or importance of the part inflamed.”*

We must call to mind also that the constitutional symptoms generally begin first, and are most intense when the local disorder is not yet perceptible to physical diagnosis ; and that a whole school of modern pathologists consider that a certain crisis is the primary phenomenon, and the deposit of the morbid product in a particular locality more or less of secondary importance in the order of causation. Accordingly, we find men of experience like Dr. Aitken expressing themselves in this manner :—

“In those diseases in which most can be done by art, our practice must always be guided in part by conjecture, because, if we wait for certainty, we very often wait until the time for successful practice is past ; and, therefore, although an accurate knowledge of the whole history of each disease is essential to its proper treatment, yet, in a practical view, the most important part of its history is, *the assemblage and succession of symptoms*, by which its nature at least, if not its precise seat, may often be known before any decided lesion of structure has occurred.”†

How well this harmonises with homœopathic practice ! We do not at once fly to the local specifics, either from the intensity of the local pain or from physical signs ; but we are guided by the “*assemblage and succession of symptoms*” [Hahnemann’s very words], and begin with the medicine appropriate to the general fever, such as aconite or gelse-

* Aitken’s *Science and Practice of Medicine*, p. 106.

† Ibid., p. 158.

minum, &c., and only afterwards proceed to the local specifics.

The mal-assimilation, which is the proximate cause of the symptom glycosuria, we may take as another example of an elementary morbid state. This has now been shown to be present in a number of different diseased states. Harley enumerates about seventeen; and in most of these it occupies the position of a mere symptom, dependent on other morbid states, and disappearing spontaneously when they are removed. The mere presence of glycosuria, therefore, does not constitute the disease called diabetes, which requires in addition the colliquation and a variety of other morbid derangements of assimilation. If we can remove these latter by any means for a time, and the inability to assimilate farinaceous food completely still remains as an idiopathic elementary morbid state, the patient, however much benefited in general health, is not cured. On the other hand, even in diabetes, the glycosuria may not be idiopathic, but may be a secondary phenomenon dependent on the morbid appetite or other derangement of the digestion, or of the nervous system, and therefore capable of subsiding of itself on their removal. In this latter case we can easily conceive of a specific medicine or succession of medicines curing the case without having the power of specifically curing the glycosuria as an independent elementary morbid state; without, in fact, curing the totality of the symptoms. We have, indeed, two of the best established cures of diabetes by Dr. Walker, with a medicine which as yet has not been observed to produce glucosuria, and therefore is presumed to have no direct power over that morbid state. Therefore, either (presuming that the homœopathic is the law of specifics) in those cases the glycosuria was not pathognomonic and idiopathic, or glycosuria will afterwards be found within the sphere of the physiological action of phosphoric acid. Still further, it may be said that even when we know little more of a medicine besides its power of producing the pathognomonic elementary morbid state, we can often use it with success, though here the power of differential diagnosis between it and the, as yet

few, others having the same effect, fails. Thus, of nitrate of uranium we know little besides its power of producing saccharine urine, and have no means of knowing if it corresponds to the totality of the symptoms. Nevertheless it has been found good in diabetes ; and I have a case now in progress, where the diminution of sugar and amendment of the general health are very striking, though the diet has not been changed at all. It is not satisfactory to employ a medicine so little known in its physiological action, and this does not differ in principle from the error of prescribing from a single subjective symptom. But it shows that the chemical signs are to be dealt with like other signs, and illustrates the remarkable difference between the allopathic and homœopathic mode of reading new discoveries in pharmacodynamics. To the allopathic school, if there exists such a thing except in the character of a sect who admit everything except Homœopathy, the fact of nitr. uan. causing glycosuria suggests nothing therapeutically, except that it should carefully be avoided in diabetes. To the homœopathic school it, of course, immediately suggests that drug as one of the cardinal remedies, though under what circumstances must be determined by further experiment.

As another illustration, take Dr. Madden's case of myalgia of the diaphragm, excellently described in the last number of this Journal. We have here an exceedingly well-marked case, where the medicine was specific and homœopathic, and yet the cardinal symptom of the disease was not found in the pathogenesis ; and, therefore, any one proceeding literally to be guided solely by the symptoms present in the case, would have missed finding the pathological *simile*. That it was homœopathic, can be shown by the action of the *Actæa* on the healthy body ; in its specificity to the seat, as regards the muscular tissue ; and as to character, the peculiar disorder of muscle called myalgia ; likewise clinical experience had confirmed these in respect to a variety of other myalgias : therefore by pathological and clinical induction we might expect it would act on that in the diaphragm also. Of course it would have been more decisive if we had proofs of its acting in the same way on the diaphragm in

health, but the presumption is it will be found to do so if the provings are further developed.

Similar examples of cures, where the cardinal symptoms of the disease were not covered by the medicine, but where the homœopathicity was inferred by correspondence of the general characteristics of the medicine are given by Dr. Dunham, of New York, who has written some excellent papers on the connection of Pathology with Homœopathy, and on the necessity of attending to the correspondence of the minute subjective symptoms. But I think by some the doctrine of general characteristics of medicine has been carried too far, and thus those who profess the greatest reverence for Hahnemann have sinned against the canon of the "totality" maxim.

The end of the whole matter is, that no single symptom can indicate homœopathic similitude, except under the condition *cæteris paribus*; and that the homœopathic similitude of disease and remedy must be sought in the elementary morbid states which make up the concrete diseases. Therefore we cannot expect such a glaring resemblance between them as would strike merely superficial observers. But to trace out the essential specific resemblance between any one remedy and the diseases to which it corresponds, are opposed difficulties of the same nature, and often quite as great as the original discovery of the relation of vaccinia to variola.

We are now, therefore, in a position to examine the question of the relation of cinchona to ague.

(To be continued.)

ON THE DOSE.

By Dr. HIRSCH, of Prague.

(Continued from p. 412.)

BUT after this digression I must return to my subject. Diseases resembling in any respect the intermittent fevers—I allude to *periodically recurring neuralgias*—I have, as a rule, cured much more quickly and certainly with small doses of *Quinine* than with dilutions of *China*. It is perhaps merely accidental that in the whole course of my practice I have met with these periodical neuralgias only in the face and head, for those cardialgias that come on, for instance, always two hours after a meal, appear to stand in a certain relationship to the act of digestion, and that neuralgia ani, which comes on with the severest pain after each evacuation of the bowels, seems to depend on the increased muscular activity of that part at a certain hour. The mere periodicity of a painful feeling should of course not suffice to direct our choice to *Quinine*, for we find the symptom of periodical recurrence of pain much more marked in some other medicines than it is in *China*; but where the totality of the morbid phenomena shows this medicine to be the most appropriate, my experience teaches me that the cure is best effected by the lower triturations of *Quinine*. To the best of my recollection I have had five cases of periodical neuralgia in which *Quinine* was indicated and proved quite successful. I generally prescribed, during the painless interval, a portion, about the size of half a lentil, of the 1st or 2nd trit., according to the constitution, every hour or two hours. If the patient complains of great fatigue and prostration, and if before the pain comes on he has slight chill, these symptoms, in conjunction with the topographical signs and the peculiar character of the pain, seem to me to point decidedly to *Quinine*.

In cases of debility caused by considerable losses of fluids, triturations of *Quinine* acted much better than dilutions of *China*. I noticed the same thing in so-called *passive*

metrorrhagias, with the character of diminished irritability. I should also particularly mention the violent *epistaxis* of young persons, in which a single dose of the first decimal trituration almost always suffices to effect a rapid cure. Finally, the occasional *relaxed conditions met with in the digestive organs of old people*, under the form of dyspepsia, are frequently cured by triturations of *Quinine*.

Any one who imagines that he has expelled intestinal worms by means of a few globules of *Cina*, 15 or 30, has only been deluded by an accidental coincidence. Cases undoubtedly occur in which the Homœopathic practitioner must exert himself to remove at once from the body of a young patient an accumulation of worms, which cause many disturbances. If this end is to be obtained by means of *Cina* it can only be done by large doses, such as one to two drops of the tincture two or three times a day. When this has been done we may then, by means of suitable doses of the appropriate medicine, combined with proper diet and regimen, act successfully on the abnormal secretion of mucus in the intestinal canal. If the symptoms of the case call for *Cina*, I usually give it in the 6th or 3rd dilution; if this be insufficient, and no vascular irritation be at the same time present, I do not hesitate to resort to the tincture of this medicine, and generally with good result; but the absence of vascular irritation is a condition *sine quâ non*; for experience has convinced us that all febrile excitement alters the susceptibility of medicine to such an extent that even the highest dilutions are powerful enough to effect a cure.

Among remedies derived from the vegetable kingdom is one which appears to me to be more suited to the indirect than to the direct attack on diseases. I refer to the *grana crotonis tiglii*, or rather to the *Croton oil* obtained from them, which surpasses in certainty of endermic effect all other derivative medicines. Some years ago I drew particular attention to the importance of certain external adjuvants, and now I confidently declare that they are indispensable, and that among them *Croton oil* is a most valuable derivative in certain diseases. I do not consider that I am guilty

of treason to Homœopathy in advocating this treatment in some obstinate ailments. Did not the founder of Homœopathy himself, in spite of his zeal for his immortal creation, perceive the necessity of derivatives in certain cases, and did he not emphatically advise in certain chronic diseases the application of an external irritant in the form of a plaster composed of turpentine and Burgundy pitch. *Croton oil* produces a similar but more intense cutaneous irritation, such as several diseases require, and it has already rendered me such excellent service in so many obstinate diseases that I cannot too strongly recommend it to my colleagues, in their own interest as well as in that of suffering humanity. There are some local diseases which do not seem to yield until, by the production of an artificial disease in a neighbouring organ, a powerful derivation is effected.

On looking over the numerous cases whose cure I effected wholly or chiefly by the external employment of *Croton oil*, I find that they are principally affections which had long been treated without satisfactory result by Allopathic and even Homœopathic medicines. It was their peculiar obstinacy that led me to try this derivative method, whereby either a cure was effected or such improvement produced that the remainder of the disease was easily removed by the internal employment of the remedy indicated. Among the cases there was a very considerable number of different, usually chronic, affections of the eye, of catarrhal, rheumatic, scrofulous, and gouty character, some of which, as every practitioner knows, come on with great violence, and are very difficult to cure by internal remedies or even by the ordinary Allopathic external means.

I particularly remember two cases of *gouty ophthalmia*, which came on in the night with extreme violence, the pain continuing until the morning, and almost driving the patients distracted, where the carefully selected remedies, in high dilutions, produced but temporary amelioration but no permanent good, and where I succeeded in effecting an almost complete cure in a few days, by means of the external employment of *Croton oil*. In one of these cases, which had been for some weeks under Allopathic treatment,

a glueomatous dimness was perceptible in the pupil in consequence of the long duration of the gouty affection, which interfered with the patient's vision, but on the removal of this painful affection this gradually disappeared. My mode of procedure in these cases was to select a space of from five to six inches long and two to three broad on the skin of the back of the chest; rub this with a bit of flannel, and as soon as redness appeared gently rub on for one or two minutes, by means of a small leather ball filled with cotton, a few drops of pure *Croton oil*. If, after the lapse of from six to eight hours no papular elevations were perceptible on the portion of skin that had been rubbed, then it is necessary to apply the *Croton oil* again, but without the preliminary rubbing with flannel. In one of the patients alluded to it was only after the second application of the *Croton oil* that the eruption appeared, which was instantly followed by the wonderful result. The second or third day after the inunction some of these papulæ usually turn into small or even large pustules, which should be allowed to die away gradually without interference.

Although it is necessary in the worst cases of gouty ophthalmia to produce the counter-irritation on an extensive space of the skin of the back, in obstinate cases of catarrhal, rheumatic, and scrofulous ophthalmia, a much smaller extent of surface, not larger indeed than a sixpence, will suffice for rubbing in the *Croton oil* after friction with a bit of flannel. A single rubbing-in behind the ear on the mastoid process of the temporal bone, or, when it is desirable to conceal the eruption, on the hairy scalp at the back of the head, near the nape, will always suffice to produce a vascular eruption in from four to eight hours, which is generally speedily followed by a cure, or at least a considerable amendment. I have occasionally had to treat cases of scrofulous eye affections that had already existed a considerable time, and had remained unaltered under the most energetic Allopathic treatment. They would not yield even to Homœopathic treatment until I had produced a powerful counter-irritation in a neighbouring part of the skin by means of the *Croton oil*. However successful this derivative method

may be I always find it advisable to follow it up by a course of the medicines indicated by the former morbid state, in order, if possible, to prevent a recurrence of the disease.

The development of this cutaneous irritation in the vicinity of the ear must be regarded as a powerful auxiliary remedy in the often obstinate blennorrhœas of the external meatus of children, as also in that hardness of hearing following catarrhal affections of the ear dependent on the swelling and puckering of the lining membrane.

In many rheumatic affections of one side of the head or face or teeth, that have resisted Allopathic treatment of several weeks' duration, and when, as is often the case after those violent measures, Homœopathic medicines do not prove so successful as they ought: a counter-irritation by *Croton oil* behind the ear of the affected side is usually followed by the best effects. So much is this the case that it frequently happens in my dispensary practice that patients affected with such rheumatic ailments, on entering the consulting-room, at once request me to give them the "Homœopathic rubbing-in stuff." Experience has shown me that everything seems to depend on the peculiar character of the derivative irritant, for I have often seen a rapid cure from *Croton oil* after an Allopathic doctor had in vain employed for a length of time and repeatedly, a perpetual blister behind the ear.

Another important remedy furnished by the vegetable kingdom is *Camphor*. This remedy also requires to be given in larger doses in order to effect curative results, and this for reasons that will be obvious from what has been said above. If we carefully examine its pathogenetic effects we observe among the characteristic symptoms a remarkable diminution of the production of caloric in the body, a symptom that points to a diminished, depressed vitality in the ganglionic nervous system, seeing that the process of the production of heat in one body must be regarded as a consequence of the nutrition of the body, of the decomposition of the nutritive matter. The carbon and hydrogen combining with the oxygen, by their combustion into carbonic acid and water develop the corporeal heat. This circumstance, as also other phe-

nomena which display themselves in the provings connected with the digestive organs, prove that this drug exercises a powerful action on the ganglionic system. Hence the larger doses prescribed by Dr. Rubini, of Naples, in his treatment of cholera are justified. Still, in relation to these cholera cures with *Camphor* by Rubini, it is very remarkable that among the effects of this drug on the healthy subject we are unable to find the group of symptoms in the sphere of the digestive apparatus that would remind us of the picture of cholera. It is only the striking *lapsus virium*, the numerous attacks of cramp, and the above-mentioned want of corporeal heat, which announces its presence as a real algor, with deathly paleness of the face and even of the rest of the body, which are symptoms known to be characteristic in certain cases of cholera, or certain stages of cholera. Such is the proper group of symptoms indicative of those cases of cholera in which we should think of giving *Camphor*. This is corroborated by two cases of cholera that occurred to me during the present year's epidemic, which I shall relate by-and-by. Considering this rather limited indication for the employment of *Camphor* in cholera, I confess I am astonished to find this medicine recommended by Dr. Rubini as the most certain and infallible remedy for all cases and all stages of cholera. I must say, however, that I have not allowed that recommendation to lead me to regard *Camphor* as the remedy for all stages of cholera, besides being its preventive. Reports have reached me from several quarters which were not altogether corroborative of the remedial power of *Camphor* in cholera. I may particularly mention that one of the first denials of its power proceeded from Dr. Rubini himself. In his pamphlet on the subject we meet with such glaring contradictions that I am inclined to doubt the infallible virtue of this remedy. In the preface, Dr. Rubini talks of 377 cases of cholera, which were all treated with *Camphor* and all cured. The following are his words: "The rapid cure of 377 cases without a single death, has convinced me that *Camphor* is the specific for cholera." Further on, when he is speaking of the protective power of *Camphor* against

cholera, when taken in the dose of five drops of the strongest spirit of *Camphor* on sugar three times a day, while avoiding all spices, aromatic vegetables, coffee, tea, alcoholic drinks, strong perfumes, medicinal toothpowder, &c., just as if the dose was a single poppy-seed-sized globule of the 30th dilution, he says, "By this treatment, in an extensive practice, I have had but *few fatal cases*." From this we see that Dr. Rubini is always a most trustworthy reporter, —he soon repents, he thinks better of it. With respect to the laudation of a preventive remedy against cholera, of which many are recommended in the newspapers with the utmost confidence, we cannot be too careful to guard *ourselves* against deception; for if, among many thousands said to be protected from cholera we find none attacked by the disease, still, on the other hand, we meet with many more who never take cholera, and yet have never taken any kind of preventive. It is different as regards the public: I would willingly recommend their use of *Veratrum*, the similarity of whose physiological action would seem to justify it as a prophylactic, for the very idea of "being protected" is itself a powerful preventive, at least, of the dread of cholera.

I shall now relate the two cases of cholera alluded to above, which came under my care at the height of the epidemic, and in which the employment of tincture of *Camphor* seemed to snatch two hopeless patients from the very jaws of death.

A very delicate lady, of 62, subject to derangements of digestion, and worn to a skeleton by sleepless and painful nights, caused by a gouty affection of several years' duration, was late at night, on the 20th of August, 1866, suddenly attacked by watery diarrhoea. Before I saw her in the morning, the treatment employed had been warmth to the abdomen and chamomile and peppermint tea, but without any good effect. The whitish-grey colour of the stools, about fifteen of which had already passed, often involuntarily, the loud but painless rumbling in the bowels as also the great collection of thick viscid mucus in the mouth led me to prescribe *Phos. ac.* 3, a drop after every other stool, after

which there were only four motions until the following morning. Still I found in the morning the state by no means improved : the stools, though not so frequent, were unaltered in colour or consistence. The patient had passed the night very restlessly and with only a few short apparent slumbers, and had complained constantly of unquenchable thirst, for which she got iced water by teaspoonfuls ; which, however, was thrown up again without taste or smell as soon as any considerable quantity had been swallowed. Occasional cramps occurred in the extremities, both anteriorly on the tibialis anticus muscle, and posteriorly in the gastrocnemius muscle, the advent of which was always announced by the retraction of the under lip and the general expression of pain on the countenance of the almost unconscious sufferer. The whole body, and especially the hands and feet were moist, but cool to the feel, as was also the tip of the tongue. The pulse was small, irregular, unequal, its number was not easily reckoned. This very disagreeable array of symptoms led me to choose *Arsenicum*. Three drops of the sixth dilution were mixed with half a glassful of water, and I gave directions to give two teaspoonfuls every half-hour, or if improvement ensued, every hour until my return. About noon I was about to visit the patient, when I met on the steps the parish priest, who gave me the sad news that he had just administered the last sacrament of the church to the dying lady. Certainly one of the worst symptoms of cholera. I hastened up stairs and found her so much worse that her immediate death seemed imminent. A damp deathly cold spread over her extremities and the partially cyanosed face, anxiously and restlessly wandered the dull, lack-lustre staring eyes, accompanied by repeated commencing movements of the head and upper part of the trunk, a cool breath as from the grave played upon my hand out of her half-open mouth from her scarcely heaving breast. The heart's beats were changed into a low murmur, the same with the voice ; the secretion of urine was quite stopped. The true picture of a dying person, the first I had seen during the present epidemic of cholera. The sight involuntarily reminded me of Rubini's spirit of *Camphor*, of which I

had carried a bottle about me for several days past. I quickly produced it, gave the patient two drops of it on a small piece of sugar, repeated the dose in a quarter of an hour, and directed the attendants to give a similar dose every half-hour. Now, *Camphor*, thought I, as I went away, show what you can do—and it showed what it could do to my, and the friends', great and unexpected contentment. A report was brought me in two hours by my desire. The messenger said the patient was still alive and somewhat quieter. The word "quieter" in the mouth of a non-medical person, disquieted me, so I hurried back to the patient. Immediately on entering the room I felt convinced that her appearance was less corpse-like, the pulse too, though still very weak, could be felt. The skin felt warmer to the touch and there was slight perspiration. On asking her how she felt, she replied in a somewhat more audible voice, that she was very weak and her breathing was oppressed as though it came from the stomach. The breathing seemed to be very laboured, but the breath was not so cold. I now ordered the medicine to be given at an hour's interval, and when I called in the evening, such a favorable change had occurred that I could pronounce the patient saved, and in fact she passed, two days later, into the convalescent stage. A week later she paid me a visit, accompanied by her husband and a grown-up daughter, to tender their thanks for what they considered the wonderful cure.

The other case of cholera occurred ten days after the above, and was also cured by *Camphor*. The patient was a pretty robust man of forty, who had often had dyspeptic attacks, owing to his irregular life and excesses in former years. On the night of the 1st September, he was suddenly attacked by violent bellyache, copious watery diarrhoea, and constant nausea. As he had *Veratrum* 3 in drops by him, five drops were mixed with half a glassful of water, and of this he took two teaspoonfuls every two hours; at the same time bags filled with burnt oatmeal were applied to the abdomen and kept constantly warm, by which means copious perspiration was induced and all the

symptoms subsided. I was called to see him in the morning, as it was not known what to do for the very profuse sweat. I do not consider it advisable to keep up too profuse perspiration, for it often causes long-continued weakness, and, in secondary diseases, sometimes typhoid fever. I directed the patient to have some of the bedclothes removed, and to have dry linen substituted for the damp sheets and shirt an hour or two later; but before that time arrived he began to complain of oppression of the chest, to which was soon added cramps in the calves, alternating with cramps in the nates and nape. The perspiration became cool, especially on the hands and face. This was the state of things I found six hours after my morning visit. The pulse, moreover, became smaller and more irregular, the heart's beats also; the face round the eyes and nose had a bluish hue; the voice was very weak; a visible anxiety and restlessness pervaded the patient. Considering the great aggravation which had occurred in so short a time, and its rapid progress, I resolved to give *Camphor* at once. After giving this remedy for six hours, at first every half-hour, then every hour, the patient was saved. The first hour the pulse became freer and more regular, and the oppression of the chest went off, and the other symptoms then gradually subsided. The following day the patient could be regarded as convalescent, and three days later he left his bed perfectly well.

From these two cases of cholera, especially the first, I think the real rational indications for the employment of *Camphor* in cholera may be seen, and the true specific sphere of action of *Camphor* in this dreaded disease be laid down. When, however, Dr. Rubini maintains, on the strength of his great experience, that this remedy is serviceable in every case, the most serious as well as the slightest, we should remember that in the slighter cases the most diverse remedies do good, provided they are able to cause great perspiration, thereby causing a rapid diminution of the morbid process from the mucous membrane of the stomach and intestines; were this not so, how could it happen, that some, even pretty severe cases of cholera accompanied by

the characteristic diarrhœa and vomiting have often been cured by violent friction of the skin, by the application of warm bottles, and by rubbing with cold damp towels? Moreover, we see the great effect a simple strong derivative process has in such cases. But cures of cholera are often effected by the internal use of the various kinds of diaphoretics, of which I may merely mention the different sorts of heating teas and alcoholic drinks ; still, it is always surer and more advisable to oppose the disease by the exhibition of a specifically acting medicine corresponding to the symptoms present, whereupon, without much external interference, the *vis medicatrix naturæ* being powerfully stirred up by the specific drug, brings about the cutaneous crisis in the fullest extent, and along with it recovery. The manifold experience of my colleagues will corroborate the assertion that numerous cases of cholera and slighter attacks of cholera are rapidly cured by the sole employment of the frequently indicated *Veratrum* in low dilutions. I mention here only *Veratrum*, though we shall by-and-by meet with many other remedies which have attained a well-deserved reputation in the treatment of certain cases of cholera ; but this I may state in the meanwhile, that my experience shows it to be a well-established fact that all the remedies successfully employed in cholera require to be given in proportionately strong doses.

There is another form of disease in which I have often had occasion to observe the good effects of *Camphor* in the lower dilutions. *Involuntary, nocturnal seminal discharges* are often the subject of medical treatment, and, in spite of the most appropriate dietetic and regimenal regulations, often display an obstinacy which I have only found to yield to low dilutions of *Camphor*. The form of the disease I allude to is a certain nervous erethism of the sexual organs produced by too frequent excitement without satisfaction of the desire, by which a peculiar condition is apt to arise, that stultifies the attempt at coitus by sudden laxness of the penis ; then at night the fancy becomes excited in dreams and a discharge is the result. In such cases, spirit of *Camphor* in the dose of one drop of the first decimal dilu-

tion on sugar of milk, taken every night, has proved very serviceable : so much so that after giving it for a considerable time, not only did the involuntary seminal discharges cease, but coitus could even be performed *lege naturæ*.

Another vegetable medicine which has given surprising proofs of its curative power in low dilutions is *Clematis erecta*. I have to thank this remedy for many cures of eczematous skin diseases, and particularly for that of an exquisite case of *eczema impetiginosum*, in which the eruption consisted of vesicles as well as pustules, from the former of which exuded a clear watery secretion, from the latter a purulent fluid, followed by the formation of scales and scabs. The treatment of this chronic exanthema, which extended almost over the whole body, was always exuding and accompanied by tormenting itching, occupied upwards of three months ; but what are three months compared with three years, during which this woman, of forty, had constantly been tormented with this disease, though not to the same extent ? I must confess that the administration of *Clematis* 3, a drop morning and night for a fortnight, first brought the exanthema to its full height, for at the commencement of my treatment it was confined to the thighs, abdomen, and back ; afterwards it broke out on the arms, face, and scalp with great severity. Fortunately I had prepared the patient for a probable aggravation of her disease ; still, I never anticipated that it would be so bad, and this led me to administer nothing but milk-sugar for several days, whereby a cessation of the aggravation ensued. Hardly had I resumed the medicine when increased exudation commenced from the last-affected parts of the face ; but on the lower extremities there was evident drying up and partial falling off of the scabs, beneath which the skin appeared perfectly healthy. For three months, with occasional interruptions for a day or two, the same medicine was continued in the same dose, during which the cure extended from the lower to the upper parts, so that the skin of the face, and lastly the scalp (from which the hair had to be removed) were the last portions of the skin that were healed. No external remedies were employed in this case, only the skin was kept

clean by daily ablutions with cold water, and the body- and bed-linen changed daily, they being often found adherent to parts of the skin. Every morning for several weeks about a teacupful of scales and scabs was removed from the patient's bed, weighing from two to three ounces; so that the total weight of the scabs must have amounted to several pounds. The great loss of humours thus produced, together with lying in bed for several weeks, as the least movement of the body caused the greatest agony, and the diminished desire for nutriment for which the cause was partly mechanical, the lips being so thickly incrustated with scabs for several weeks; all these things caused considerable emaciation, which a residence in the country for several months along with strengthening food changed into a blooming *embonpoint*. This case is interesting in several respects: firstly, it shows the cure of a very severe chronic exanthema by one medicine only; then it teaches us that on the occurrence of an aggravation we should not hastily conclude that our selection has been wrong or the dose too strong. We should further observe that the aggravation was not general; for while the disease spread to some fresh parts, it diminished in some other parts. Lastly, the advantage is seen of occasionally interrupting the medicine, in order to prevent a too violent forcing of the *vis medicatrix*.

I have seen excellent results from a similar employment of *Clematis* in certain *inflammations, or rather obscure inflammatory conditions of some glands* where infiltrations are the result, showing themselves in greater or less swelling of the affected organ without much pain. In such cases *Clematis* causes absorption and restores the integrity of the gland. It is particularly useful in the treatment of inflammation of the testicle, when by the administration of *Merc. sol.*, combined with cold compresses, the violence of the inflammation has been broken. A drop of *Clem.* 3 or 6 night and morning removed all the remaining swelling and tenderness in a few days. It mattered not whether the orchitis was caused by gonorrhœa or was idiopathic.

I have obtained remarkably good results from the use of

Clem. in the *chronic inflammatory states of the borders of the eyelids*, with soreness and swelling of the Meibomian glands, such as we find in young scrofulous subjects.

I should be inclined to doubt if strictures of the urethra owing to a fibrinous exudation that has become callous can be cured by the internal use of *Clematis* or any other medicine without any external mechanical aid; but I have several times seen the *symptoms of stricture* that had lasted a length of time, and had only been temporarily relieved by the introduction of bougies, completely cured by the continued use of *Clematis*, all mechanical remedies being discarded. Nay, more, I have been able, judging from the peculiarity of the symptoms, to promise a perfect cure beforehand. If the patient told me that he had been once or several times affected with gonorrhœa, and that for some time past he had *occasional* difficulty in passing water, but was sometimes for days free from any such difficulty, I was certain, that if the other symptoms corresponded, I should succeed, by the employment of *Clematis* in low dilutions, in perfectly removing his malady. Only last year I had another such case under my care.

A strong man, æt. 30, who some time previously had had gonorrhœa lasting several weeks, without exposing himself to any new gonorrhœal infection, often experienced, some months before I saw him, a slight burning with occasional stitches in the course of the urethra while passing water. He gave up beer, thinking it was the cause, whereupon these symptoms ceased; but he now noticed that he had to wait and strain some time before the urine would come, and that it often seemed to stop in its flow. A surgeon he consulted prescribed warm sitz-baths and bougies. He soon got well, but a fortnight later the affection returned. The same process was repeated with the same result. The patient then came to me. I discarded the bougies, ordered *Clem.* 6, a drop night and morning, and in a week all his symptoms were quite gone. I advised him to go on with the medicine for a fortnight longer, and now more than a year has elapsed without a trace of the former complaint.

I shall now depart from the alphabetical order to speak

of those remedies which have been of use to me in the larger doses in the present epidemic of cholera. The chief of these I have to mention is *Veratrum album*, which in this epidemic also proved an invaluable remedy. But I shall take the liberty of making a few preliminary observations respecting the causal relations of cholera and its essential nature. If we take the trouble to observe carefully and to subject our experience derived from multiplied observations to a rigid scrutiny, we cannot fail to be amused at so many doctors assigning as the cause of cholera a sudden change in the quality of the drinking-water by the contents of the sewers leaking into the wells, and publishing this view in the newspapers. According to them, the drinking-water ought first to be boiled, then cooled and kept in cellars before it is used. If we consider that by boiling water is made to part with its carbonic acid, the power that chiefly promotes the changes of water, the very soul of the water, we can justly infer that boiling is a veritable killing of drinking-water. And this procedure is so emphatically recommended as indispensably necessary by certain Allopathic medical authorities that we find many ladies cultivating this new branch of cookery with the greatest diligence. Seeing that in our town, cholera suddenly broke out severely at one and the same time in several parts at great distances from one another, particularly in certain narrow streets and places, if I am to admit the dependence of cholera on impure drinking-water, I cannot explain this fact otherwise than by supposing a secret conference took place among the various sewers and wells of the town at which it was agreed at a given time to break out in a murderous conspiracy. It frequently happens that we are often at pains to seek, God knows where, only not where it can be most easily found—to wit, under our very eyes and noses. We look for the enemy in the most improbable hiding-holes when all the time he is soaring in the air around us. Now we are commencing to search for the enemy where the silly prejudices of the common people long ago imagined him to be, for they formerly ascribed cholera to the poisoning of the wells. There are so many different kinds of diseases, such as smallpox,

scarlatina, measles, hooping-cough, influenza, and dysentery, that are unanimously held to be owing to a temporary derangement of the atmospheric air; but in the case of cholera it is thought fit to make an exception to this rule, and to ascribe it to the badness of the drinking-water. In my opinion the atmospheric air ought to be held to be the sole conveyer of the cholera miasm, and it is only to be regretted that we talk of "certain" changes in it, whereas science shows us that these changes are very uncertain. It is a peculiarity of the cholera miasm, that like a hailstorm, it falls with greater intensity in certain parts of a town and certain localities; a phenomenon we are inclined to ascribe to the peculiar situation, the circumstances of the locality, or the more or less free circulation of the air. As it is undeniable that cholera may be propagated by miasmatic influences, it is equally so that psychical causes may facilitate the conveyance of the disease from one individual to another. There are persons unfortunate enough to possess such a high degree of nervousness, that from the moment of the appearance of the epidemic, or even when it is reported to be advancing, they live in constant painful anxiety, fear and apprehension, and on that very account, are not unfrequently attacked by morbid symptoms belonging to the phenomena of cholera. If such persons, in consequence, for example, of the sickening of a member of their family, come in closer contact with a cholera patient, they often become similarly affected; and thus it appears as if a transference of a contagion had taken place. But this would seem to be a mistake, for their illness should be ascribed solely to the influence of depressing mental emotion taking place under such circumstances that the exalted nervous irritability causes an increase of the susceptibility for the miasmatic agent, producing a sort of paralysis of the repulsive power, and allowing the morbid power easy access to the organism. I am disposed to deny the contagiousness of cholera, and I believe that the relative rarity of doctors and nurses taking the disease affords the clearest proof of its non-contagiousness. When in one house or one family numerous cases of cholera occur, some time after-one another or at the same time, this

must be attributed to the peculiarity of the cholera miasm, which seems to gain power when confined to limited spaces or in bad air. This much is ascertained, that cholera owes its existence to certain dyscrasic conditions of the atmospheric air, not yet known to science; in what, however, the real *essential nature of the disease* consists, there are great differences of opinion afloat. As far as I can judge, in these investigations, the error is again committed of seeking the elucidation in uncertain hypotheses, whilst a careful and quiet consideration of the manifold phenomena would easily conduct us to what we seek. In order to give my views a firm practical basis, and thereby to obtain assent to them, we will first throw a glance at some forms of disease of acknowledged epidemic character. If we observe those frequently epidemic affections, coryza, influenza, whooping-cough, dysentery, we find that in the first three the seat of the disease is in the mucous membranes of the respiratory passages, whereas in the last the mucous membrane of the rectum is affected. Here, then, an important link of an uninterrupted chain, the mucous membrane commencing at the nostrils and terminating at the anus, is wanting; it seems as though it would withdraw itself from epidemic influences, if we do not supply this link by regarding the cholera as a peculiar epidemic, per-acute catarrh of stomach and bowels. When cholera comes on in the embryonic condition in the form of cholerine, we feel quite disposed to regard the frequent diarrhoea as an intestinal catarrh, and the frequent vomiting as a stomach catarrh. When, by neglect of these first signs of the disease, by improper conduct, by irrational procedures of many kinds, the cholera suddenly appears in its true and serious form, accompanied by cramps and other terrible symptoms, then we hesitate to regard this disease in its highest development as an advanced stage of a peculiar per-acute catarrh of the stomach and bowels. We will see if it will not conduce to the clearing up of many doubts, and to this end I feel compelled to examine more closely the most important and characteristic symptoms presented by the disease at its height, as also the results of post-mortem examinations. If, in so doing, I

pass entirely over the morbid picture of cholera, I do this only because the medical man called to see a case of cholera would not hesitate to regard a stomach or bowel catarrh as the cause of the symptoms, particularly as the motions still contain fecal matter, and the vomited matters portions of the food mixed with mucus or watery slimy fluid. And yet a thousandfold experience has shown that if care be not taken, or if appropriate medical treatment be not adopted, this group of symptoms may easily turn into dangerous cholera. The moment this transition takes place, the catarrhal affection of the stomach and bowels assumes a most peculiar character, causing the appearance of other symptoms characteristic of true epidemic cholera. These symptoms we will now examine and endeavour to ascertain their mode of production, partly by means of pathological anatomy, partly by comparative investigations. As to what is found in the post-mortem examination of cholera subjects we shall only mention briefly the most important and essential points, for it is by no means our intention to write an exhaustive pathological anatomical treatise.

It is undeniable that all post-mortem examinations of cholera patients have shown a considerable diminution of the mass of the blood, and at the same time a great inspissation of that fluid. The latter phenomenon is in close causal connexion with the former, seeing that cholera blood is deficient in serum, which forms more than two thirds of its weight in normal blood. The solution of the problem how this loss of the serum has been effected is not difficult, for the constituent parts of the serum can be shown to be present in the rice-water evacuations; and in this anomalous manner the serum is eliminated from the blood. Hamernik nearly expresses this view, for he says that cholera is a peculiar malady in which the mucous membrane of the bowels manifests unusual excretions, which have a close relationship to the blood. We may call this relationship a very close one, as we find that the fluid excreted from the bowels consists in great part of serum. This is confirmed by chemical analysis, which shows the presence of phosphate and carbonate of soda and chloride of sodium, and

by the circumstance that the evacuations contain besides a considerable quantity of dissolved albumen, as we have ascertained by analysis. Thus there is no doubt that the evacuations of cholera patients contain the serum the blood has parted with ; so the questions remain to be answered : 1. What causes this separation of the serum from the blood in cholera ? 2. How does the separated serum find its way into the bowels ? In the answer to the first question, we shall find the solution of the second.

We have already remarked that in most cases a longer or shorter stage of catarrhal irritation of the digestive passages precedes the outbreak of cholera. But this catarrhal irritation of the mucous membrane, subject to a peculiar miasmatic influence, has this peculiarity, that it is followed by a tendency to increased permeability in a dynamic or adynamic manner, an exosmosis of the capillaries beyond all physiological bounds. The same nervous influence which deprives the capillaries to such a degree of their tone or elasticity is not without injurious action on the blood circulating through them, and thus we have a disruption of the intimate connexion between the serum and blood corpuscles, whereby the exudation of the serous part of the blood is facilitated. In the enormous extent of capillary ramifications on such an extensive and villous surface as the intestinal mucous membrane presents, it can easily be imagined that the quantity of serum filtering through must be considerable, that this great loss of an important constituent of the blood must exercise a great influence on the whole organism, and expose it to the greatest danger, and this is fully borne out by experience. If, moreover, we bear in mind what large quantities of fluid the mucous glands can furnish, *e. g.* in ordinary coryza and the salivary glands in salivation, we may infer that the increased activity of all the glandular apparatus in the alimentary canal contributes to the enormous watery stools, and partly to the not inconsiderable quantity of watery fluid eliminated by vomiting. The blood being gradually altered, and at length quite inspissated, now shows no inclination to unite with the oxygen of the atmosphere ; the vivifying influence of

respiration is wanting, as a consequence of which we observe a constant decrease of the arterial blood, with ever weaker, and at length extinguished pulse, at first in the radial, then in the brachial, and lastly in the carotid artery. With the diminished supply of oxygen, together with the increasing disorder of the chemical processes of the organism, the gradual diminution of the corporeal warmth seems to stand in strict connexion, and the stoppage of the inspissated blood in the small superficial veins, is announced by the occurrence of cyanosis. Thus we see some of the most important symptoms in their causal connexion, but it remains to explain the cause of the cramp phenomena of cholera. This is facilitated by the progress of anatomy, which shows us a connexion between the sensitive and motor fibres within the spine by means of ganglionic cells, as a consequence of which any irritation affecting the sensitive nervous fibres of the mucous membrane is capable of producing reflex motions of the most various kinds. That the irritation induced by vomiting and diarrhoea may cause such reflex movements we may be assured of, when we remember how often the irritation of worms will cause epilepsy and St. Vitus's dance, and whooping-cough spasmodic affections of various kinds, &c. The symptom of suppressed urinary secretion has its explanation in the opposition to the greatly increased activity in the excreting organs of the mucous membrane of the whole intestinal canal, and in the consequently contracted state of suppressed secretion in other organs, such as the kidneys, salivary and lachrymal glands, &c. As regards the symptom of loss of voice, we need only reflect that the nerves bearing upon it are mostly derived from the vagus, as the *n. laryngeus superior et inferior*, and *n. recurrens*, and the state of extreme want of innervation affecting all the nerves arising from the brain, may be inferred from the peculiar apathy of patients affected with cholera. When we carefully consider the picture of cholera in its first appearance, its further development until near its completion, and weigh well all the phenomena displayed in this part of its course, we shall find justified the view that this disease proceeds from a catarrhal condition of the gastro-intestinal mucous

membrane, in which the sensitive nerves are from the first implicated, and betray an unmistakable tendency to reflex movements. The existence of a catarrhal state of the organs mentioned is shown by the at first usually thin pappy stools occasionally mixed with mucus, as also the mucous character of the matters ejected by vomiting. The implication of the sensitive nervous fibres is shown by the various more or less severe pains affecting sometimes the stomach, sometimes the bowels; and the reflex movements depending on them appear at one time as antiperistaltic action; at another, as increased excitement and acceleration of the vermicular interior of the intestines combined with audible rumbling and other noises in the bowels.

Among the remedies corresponding to this complex of symptoms, one of the most worthy of observation is *Veratrum*. And why?

Has not *Chamomilla* exactly similar symptoms? And as I have begun to ask questions, I will ask a third. Has not *Chamomilla* cured an immense number of gastric and intestinal catarrhs at the time cholera was prevalent? I know of many instances in which persons suddenly attacked with an illness of this sort have had the prudence to go to bed, take a cup of *Chamomile* tea, and apply warm cloths, and the next day were quite well. I have no intention of recommending this treatment in place of the employment of *Veratrum*, and all the less as many cases have come under my care where the previous employment of *Chamomile* tea was quite the reverse of beneficial; still, without recommending the drinking of *Chamomile* tea by cupfuls, thus much seems true, that *Chamomilla* ought to be used in the cases of this sort for which it is indicated in strong doses; by which I mean several drops of the tincture, or even teaspoonfuls of a weak infusion of *Chamomile*; and for this reason, that in the scale of medicinal powers *Chamomilla* stands far below *Veratrum*. But in order to prevent misapprehension, as though I believed that betwixt *Veratrum* and *Chamomilla*, in respect to their action in gastric and intestinal catarrh, the only difference was one of strength, which might be remedied by a larger dose of the weaker, I most emphatically state

that the former drug in every case provokes the whole of the glandular apparatus of the mucous membrane to much stronger and more profuse excretions, and acts with much greater intensity as an excitant of the sensitive nervous life ; and this more vehement excitation is apt to cause, on the one hand, a depressing secondary action bordering on paresis, and on the other to excite the motor nervous fibres to strong reflex movements. It is this character of the action of *Veratrum* which renders this drug particularly specific in those per-acute gastric and intestinal catarrhs, which we rightly denominate cholera, in these it produces the most splendid effects. I have already had the opportunity of observing the wonderful curative power of this medicine in three of the more severe epidemics of cholera, and the successful and rapid effects created such an enthusiasm among the public, that persons, not otherwise inclined to homœopathy, always kept a bottle of this medicine at home or in their pocket. As soon as they felt any aching or burning in the gastric region, or frequent eructation, colic-like bellyache with or without diarrhœa, they would have recourse to the bottle, and in a very short time after taking one or two drops in a spoonful of water, or on a bit of sugar, the pains were gone : and if these trifling symptoms were treated on their first appearance it was seldom necessary to repeat the dose. When the above symptoms occurred all together, and came on with particular violence, five to six drops of the medicine were mixed with half a tumblerful of water, and a couple of teaspoonfuls taken every half-hour or hour ; and it would be necessary for the patient to keep his bed, as the symptoms only went off on the occurrence of profuse perspiration.

Many a homœopathic practitioner must have seen what *Veratrum* can do in *hooping-cough*, especially such practitioners who prefer using low dilutions to high. In former years I used generally to prescribe the 12th dilution, whereas latterly I have come down to the 6th, and in many cases to the 3rd ; and I have had no cause to repent doing so. But as in all cases of choosing a medicine we must take care that this medicine is perfectly adapted to the morbid picture present, in order that we do not make the

mistake of ascribing our want of success to the deep dilution or the too frequent repetition of the remedy. The general indication for *Veratrum* in hooping-cough is justified by the fact that an irritated state of the bronchi and their ramifications with evidently increased secretion is the essence of this disease. But the special indication for *Veratrum* is shown in this, that as a consequence of the simultaneous affection of the sensitive nerves, the motor nerves are excited to so many reflex actions. The symptoms preceding a fit of coughing, as restlessness and anxiety, the commencing mucous rattle deep down in the chest, the tickling irritation at the point of bifurcation of the trachea, so well described by grown-up children, together with the constricted feeling and real constriction of the larynx, as a consequence of which the rapidly succeeding cough impulses are followed by the peculiar whistling inspiration, and sometimes accompanied by real attacks of suffocation, during which, at the height of the disease, urine and the stools often pass involuntarily, the great quantity of mucus which is thrown off with vomiting at the end of each fit—all those symptoms on the one hand show a true picture of hooping-cough, and on the other hand they are an exact expression of what we find among the effects of *Veratrum*. Among other symptoms I mentioned the constrictive feeling in the larynx, and this leads me to make a remark that will not be found unimportant. When a patient complains of constriction in the larynx we can attach no other explanation to the symptom than that the annular fibres of the affected part of the air tubes are abnormally contracted, and this all the more as the characteristic sound of inspiration during the fit of coughing allows us to infer with certainty the existence of such a state. This morbid manifestation of motorial activity must be ascribed to reflex action, many of which are to be found in hooping-cough, such as retching, vomiting, the general convulsions of delicate subjects, &c. If we are right in ascribing the constrictive feeling in the larynx to a manifest reflex movement, then if we look into our treasury of pathogenetic effects, we shall find a great many symptoms that announce themselves merely as anomalous

feelings must be regarded as reflex movements of a peculiar kind which are not visible to the observer. In this category I must include all the contractive, constrictive feelings of pain, the crampy feelings, the sensation of shortening, narrowing, being tightly bound, the painful jerking feelings, and many other phenomena as motor phenomena only perceptible to the patient. Thus we may distinguish *two sorts of reflex movements* :

1. *Such as offer to the physician a visible object of observation*, as for example the various kinds of muscular cramps of the extremities, of the muscles of the trunk, besides squinting, retching, vomiting, &c.

2. *Such as are only betrayed by the feelings of the patient*, some of which we have alluded to above. In this way the reflex movements might be scientifically divided into *objective* and *subjective*.

In the above enumeration of the symptoms of whooping-cough we find reflex movements of both kinds called forth by an affection which has its principal seat in the bronchial mucous membrane, and as *Veratrum*, besides its especial relation to the mucous membranes, possesses the peculiarity of causing many sympathetic symptoms in the motor nervous fibres, it may be inferred that in its chief effects *Veratrum* perfectly corresponds to the fundamental character of whooping-cough. But further, there is also such a likeness between the particular symptoms of this disease and the effects of *Veratrum* on the healthy organism, that we are not surprised at the extraordinary curative power of this remedy. I generally give *Veratrum* in the 3rd, never higher than the 6th dilution—a drop on milk-sugar, or six of our largest globules from three to four times a day. The period of the disease I find best suited to *Veratrum* is when the cough is rather dry, and there comes along with it several reflex movements. I have seldom found it necessary to interpolate any other remedy for unusual symptoms, such as febrile disturbance, congestion of the head, stitch in the side, &c. ; and when such symptoms were removed by *Acon.*, *Bell.*, or *Bry.*, I immediately returned to the employment of *Veratrum*.

Veratrum has also proved serviceable in some cases of rheumatic and gouty pains of head, face, and teeth. Some characteristic symptoms led me with confidence to the choice of this medicine. When the pains came on by fits with ever-increasing intensity, so that at length the patients are quite beside themselves, and when along with the pains various reflex movements occurred, such as, with the face-ache, muscular twitchings; with the head and toothache, mania, and even in some cases vomiting (especially with the headache), I then had, as a rule, hopes of curing the affection with *Veratrum*, which I gave in a mixture of four or five drops, of the 3rd or 6th dilution, in half a glassful of water, two teaspoonfuls every half-hour or hour. This almost invariably fulfilled my expectations.

(To be continued.)

CASES ILLUSTRATIVE OF THE PATHOGENESY OF BELLADONNA, WITH CLINICAL REMARKS.

By Mr. J. HARMAR SMITH, Blackheath.

(Continued from Vol. XXIV, p. 129.)

CASE 3.—Convulsions, Sept. 3rd, 1861. Mr. Christie, Stepney, daughter, æt. $2\frac{1}{2}$ years. 2 p.m.—Convulsive twitching of eyelids; dilated pupils. Countenance oppressed and bathed in perspiration, the cheeks having just previously been flushed and hot. A single dose of *Belladonna* immediately and completely relieved all the symptoms; the convulsive twitching ceased, the pupils became natural, and the countenance resumed its normal expression; and intelligence returned. The child has got all the milk teeth, except one of the molars, over which the gum is hard. As the relief was so complete, I did not think it necessary to lance the gum. My patient had not had convulsions before,

but her only brother (she had no sister) had had them during dentition. 6 p.m.—No return of symptoms.

4th.—Appears quite well.

CASE 4.—Odontalgia, February 18th, 1862. Mrs. Connybeare, Stepney, æt. 32; nursing a child a year old and menstruating four months.

Toothache for about six weeks; increased the last few days. Pain, shooting and throbbing, darts into ear and down the neck on the side affected, accompanied with throbbing of the temple; pain both day and night, but generally worse in the day. Has several carious teeth, and gums slightly swollen. The pain is aggravated by hot fluids and temporarily relieved by cold; it is not influenced by breathing cold air. She cannot masticate on the affected side, and gums tender to the touch. *Belladonna* $\frac{1}{1}$, o: horâ.

25th.—She was cured by the *Belladonna* in a few hours, and has had no relapse since.

I feel fully justified in speaking of this case as *cured*. The length of time that the symptoms had continued, and their complete removal in fewer hours than they had existed weeks previous to taking the medicine, entitle me to do so without presumption.

CASE 5.—Toothache, July 4th, 1864, Mrs. Campion, Limehouse.

Face swollen; severe toothache. Matters been made worse by an unsuccessful attempt by a chemist to extract some carious teeth. *Mercurius* $\frac{1}{1}$, 4tis horis.

5th.—Pain worse than it was; extends to the ear, where it is very severe. *Belladonna* (3), 4tis horis.

The pain was quickly relieved by the *Belladonna*, and she had no recurrence of it for several months.

CASE 6.—Prosopalgia, May 26th, 1864, Mrs. Curtis, Stepney, æt. 28. Bilious temperament; lactation, three months; great flow of milk. Second confinement.

Pain in gums ever since confinement; aching, drawing, throbbing, increased by pressure and mastication; pain

aggravated in the night ; out of bed half the night ; does not think she has slept for two hours in one night for nine weeks. Has been taking "iron medicine" from a surgeon without relief. Appetite good, and not much debility. Was similarly affected, though less severely, about four months after former confinement, when the pain gradually ceased without treatment. *Belladonna* (1), two pilules, four times a day.

30th.—Pain so much better that "she could scarcely credit it"—relieved at once. Began to take the medicine at 4 p.m., and was so much relieved that she slept all that night and the subsequent ones. No *severe* pain since ; slight pain only after food. *Belladonna* (3), one pilule four times a day.

July 11th.—Discharged, quite well. No return of pain. *Continues to suckle the child.*

Aug. 22nd.—Readmitted. The pain has returned with great severity ; says that "it almost drives her mad ;" it shoots from gums into temples. *Belladonna* (1), 4tis horis.

Sept. 21st.—Was again quickly relieved by the medicine, and continues still free from pain. Has discontinued the treatment.

28th.—Readmitted, the pain having returned ; shooting from gums and cheek into ear. *Bell.* (1), 4tis horis.

Nov. 11th.—States that she has no pain whilst taking the *Belladonna*, but that it returns as soon as she leaves it off. *Bell.* (3), one pilule night and morning.

25th.—The medicine lasted until the night before last. Last night the pain returned, and she had a disturbed night. Was free from pain whilst taking the medicine. *Bell.* (12), a pilule night and morning.

Ceased to attend after this date, and I heard no more of her.

This case exhibits a very marked, but somewhat transient, action of the remedy.

ham; distracting toothache; has several carious teeth. *Bell.* (3), one drop every hour.

5th.—No relief. *Bell.* (1 x.), one drop every hour.

6th.—Completely relieved quarter of an hour after taking the first dose. No return of the pain.

This case is interesting in relation to the dose, the first decimal succeeding after the third dilution had failed to produce the slightest effect.

CASE 8.—Prosopalgia, Jan. 2nd, 1865. Mr. W. T—, Blackheath; neuralgia faciei for ten days; rather better after meals; aggravated by cold drinks; not affected by hot liquids. *Bell.* (1), a drop every two hours.

4th.—The neuralgia was rapidly relieved by the remedy; very little pain remaining.

7th.—Discharged, cured.

CASE 9.—Prosopalgia, Oct. 23rd, 1866, Mr. B—, Lewis-ham, æt. about 40; lymphatic bilious temperament.

Acute neuralgia faciei for a month, on alternate days, on left side only; pain throbbing, darting, and occasionally gnawing; very severe. Patient says that it has a maddening effect; appears to be seated in and to follow the course of the branches of the fifth pair of nerves on the left side; all teeth on this side affected, and shoots into temple in front of the tragus, also across cheek to the outer canthus of the eye, also into chin as far as the mesial line. The pain, however, during a paroxysm, is constantly shifting from one part to another, aggravated by pressure, by a meal, by the recumbent posture; worse also in the night, better in the open air; momentarily relieved by either hot or cold fluids, but worse afterwards—*i.e.*, the primary effect is relief, the secondary aggravation of the symptoms. It is now 10 a.m., and he has not had a moment's relief since nine last night. General health good; no symptoms of dyspepsia. *Tr. Bell.* (1), gt. j, 2dis horis.

25th.—Pain was quickly and completely relieved; slight return this morning. *Bell.* (1), gt. j, 4trs horis.

29th.—Immediate relief of the symptoms ; slight return this morning, after a chill. *Bell.* (1).

Nov. 7th.—Relieved by the last medicine, and no relapse. Discharged, cured.

CASE 10.—Prosopalgia, Feb. 28th, 1862, Mrs. B—, Stepney, æt. 42 ; bilious temperament.

Neuralgia on left side of face since Christmas. Thought it was toothache, and had a carious tooth extracted six weeks ago without relief ; now no carious teeth on the side affected. Pain, very violent, shooting, and pressive, and at times as if a tooth were being drawn ; always begins in several teeth in the upper jaw, and extends to temple and forehead across the cheek, and occasionally to throat, where it causes a choking feeling ; tenderness of malar bone and of temple on pressure ; comes on about every half-hour ; worse the last few days ; aggravated by exercise (has had unusual exertion of late) ; excited by mastication or any movement of the jaws, even in conversation ; change from a hot to a cold atmosphere, and *vice versâ*, bring it on. Relieved occasionally by cold water, but not invariably ; relieved by lying down ; soon ceases after going to bed at night, and does not return until after breakfast. Menses and other functions normal. *Bell.* (2), every hour.

Mar. 2nd.—No improvement in symptoms. *Bryonia* (2) every hour ; omit *Bell.*

4th.—No relief. *Nux vomica* (2) every hour ; omit *Bryonia*.

7th.—Immediate relief from the *Nux vomica*, and has had very little pain since she began to take it. Continue *Nux vomica* (6) every four hours.

I do not find any further report of this case, except that it is marked in my case-book—"Discharged, cured."

I have detailed the last case for a reason different to the former ones, viz. to show the failure of *Bell.* and the reason of it, in contrast with *Nux vomica*.

I had neglected, in prescribing *Bell.* in the first instance in this case, to observe the following features in its pathogenesis, which account for its failure in this case, and in

some degree for its success in the two cases of which I have preserved full details, viz. Cases 6 and 9, in both of which the pains were aggravated at night, whilst in Case 10 they ceased entirely in the night, and supervened in the morning; and also were relieved by lying down.

In the provings of *Belladonna* (Jahr's *Symptomen-Codex*, vol. I, p. 264), under "characteristic peculiarities," we have "aggravation of the pains at night;" and at p. 251, under "jaws and teeth," we have, "he wakes after midnight with a violent tearing in the teeth;" and again, "toothache in evening after lying down;" and again, "worst at night and hindering sleep;" and again, "the whole night;" and once more, "tearing toothache, worse in the evening."

On the other hand, in the provings of *Nux vomica* (Jahr, vol. II, p. 403), under "characteristic peculiarities," "many of the symptoms appear early in the morning;" and again, "*Nux* is particularly suitable if the symptoms are worst early in the morning;" also, "some of the pains are relieved by lying down." And at p. 87 of Okie's translation of Hartmann's *Chief Remedies*—"the majority of the symptoms of *Nux vomica* are developed early in the morning and after meals;" and, at p. 176, the author states that one of the forms of toothache in which he has found this remedy most available is that "which is quite moderate while the patient is at rest, but which is greatly increased by mental exertion."

The character of the pain was also different in the *Belladonna* and *Nux vomica* cases. In each of the former in which I have noted it the pain was throbbing. This, which is a prominent symptom of the *Belladonna* toothache, is absent in that of *Nux vomica*, as it was in my case. On the other hand pain, "as if the tooth were dislocated," is a symptom of *Nux vomica*, and of which my patient complained.

I have had no scruple in appropriating the symptoms described as "toothache" to cases which I have designated as "prosopalgia," because the diagnosis between the two affections is frequently still confessedly difficult, in spite of the advance that has been made in pathology since the

time of Hahnemann, and because the existence of neuralgia as a distinct disease is for the most part ignored in the Hahnemannian provings.

CASE 11.—Gastrodynia, March 20th, 1865, Mrs. C—, Greenwich.

Return of symptoms, which she states are precisely similar to those which were relieved by *Belladonna* some time back, viz. pain at epigastrium; gnawing and pressive, also at times screwing and spasmodic; supervene about an hour and a half after a meal, relieved by eating; pain extends from epigastrium into each hypochondrium, and between shoulders; tenderness on pressure at scrobiculus cordis; much flatulency, with urging to pass it. *Belladonna* (1), one drop every four hours.

April 14th.—Continued the *Belladonna* until the present date, during which the symptoms gradually yielded.

Discharged cured.

CASE 12.—Gastrodynia, April 13th, 1866, Mr. A—, Hoxton, son, æt. 10.

Gnawing pain at epigastrium, with tenderness on pressure; comes on at night after going to bed, two or three times a week, and keeps him awake for about an hour; no pain after meals; symptoms have been present for about a year; has been for six or eight months under an eminent homœopathic practitioner without benefit. No dyspeptic symptoms except constipation. *Tr. Belladonna* (1), one drop three times a day.

May 12th.—Symptoms rapidly yielded after he began to take the *Belladonna*, and is now quite well.

Discharged cured.

Aug. 10th.—Symptoms returned. Repeat the *Belladonna*.

The medicine was again rapidly efficacious, and when I last heard of him he continued well.

In each of these cases of Gastrodynia the pain was gnawing. In the latter of the two, as in the cases of Prosopalgia cured by *Belladonna*, the pain was nocturnal; this, however,

having an intermittent and those a merely remittent character.

The cure in the last case was remarkable owing to its long continuance, and its having so long refused to yield to the treatment of my colleague.

CASE 13.—Laryngismus stridulus, May 4th, 1856, Mr. J—, Stepney, infant, æt. 1 year.

Crowing respiration has supervened this morning upon whooping-cough; attacks about every half-hour; febrile symptoms. *Aconite* and *Belladonna* in alternation.

5th.—Febrile symptoms ceased; about half a dozen attacks of crowing respiration to-day in as many hours. Omit *Aconite*, continue *Belladonna*.

7th.—Attacks of crowing respiration ceased yesterday morning; whooping-cough much better. Continue *Belladonna*.

21st.—No return of crowing respiration, and well in every respect.

I have had a much worse case of crowing respiration, and in an older child, which I had no doubt was cured by *Belladonna*; but as I gave other medicines as well, I do not refer to it more particularly.

CASE 14.—Chronic bronchitis, Jan. 5th, 1863, Mrs. T—, Stepney.

Cough for several years, attended with general languor and weariness; generally begins by a sensation of tickling in the throat. Has been taking *Sulphur* for three weeks without improvement. *Belladonna* (1), one pilule four times a day.

14th.—Cough was relieved by the *Belladonna*, returned since she was without medicine. Pergat in usu medicinæ.

April 13th.—Cough was quite well; but has taken fresh cold during the last day or two. Repeat the *Belladonna*.

20th.—Cured.

HYPERTROPHY AND DILATATION OF THE HEART; INSUFFICIENCY OF THE MITRAL AND AORTIC VALVES.

By Dr. MEYHOFFER, of Nice.

S. Marrelli (æet. 35), lithographer, had been seized at the age of sixteen with acute rheumatism in nearly all the articulations of the limbs; which obliged him to keep his bed for more than six weeks, and his health had never since been so good. Great sensibility of the skin on the least exposure to the air, with tendency to perspiration after any exertion, however slight, gave rise to frequent colds and rheumatic pains. The greatest prudence and almost incessant precautions were necessary to ward off suffering which would incapacitate him for his work. Notwithstanding this continual care of his health, he had another attack of acute rheumatic arthritis four years ago at Turin; accompanied by violent palpitations of the heart, dyspnœa and cardiac pains. He was bled several times, but cannot give any account of the internal treatment he was submitted to. His convalescence was long and tedious. Since these new symptoms had appeared; every quick movement, going up stairs, up hill, or walking rapidly, brought on great palpitations of the heart, pulsation of the carotids, redness in the face, headache and giddiness, dyspnœa, with a sensation of tightness and weight about the præcordia. These phenomena gradually increased, and the least sudden muscular action, emotion, the use of even a moderate quantity of wine, beer, or coffee, provoked their manifestations. A feeling of anguish, oppression, weight about the region of the heart became permanent, and the sufferings of the patient are often increased in the night by paroxysms of orthopnœa. The last few months the digestive function had also become impaired; the appetite diminished, and after meals he experienced weight and swelling in the epigastrium, with sensation of heat in the stomach accompanied by all the

symptoms of flatulency ; constipation and diarrhoea alternated, though the latter predominated. The patient states his father to have been doubled-up with rheumatism.

State on the 20th March, 1860.—S. M— is of the middle height and strong, bony frame, broad shoulders, short neck, deep chest, and black hair. The muscles are flabby, and the adipose tissue has almost everywhere disappeared ; skin pale, thin, slightly yellowish, and can be easily lifted up in folds ; the sclerotic shows an icteric tint. The jugular veins are swollen, particularly the left one ; percussion elicits a normal sonority on the right side of the sternum, as far as the sixth rib, and from thence dulness, till two inches below the margin of the ribs, where the sound becomes tympanitic. The right axillary line resounds naturally till the eighth rib, from which place dulness till the last false rib ; from thence downwards dull, tympanitic sound. On the left side of the sternum normal resonance as far as below the third, from thence down to the margin of the ribs, where it gives place to the tympanitic sound—perfect dulness. In a line with the left nipple dulness, from the fourth to the seventh rib, and in the axillary line the same from the lower border of the eighth rib to the upper edge of the last one. This dulness extends transversely to the margin of the false ribs. The impulse of the heart is felt over a surface of more than two inches, between the fifth and sixth intercostal spaces, and on the left of the nipple it does not elevate visibly the walls of the chest, but the hand and ear experience distinctly a heaving sensation ; in the epigastrium also the throbbing of the heart is perceptible, though in a minor degree. The cardiac dulness extends transversely from the extreme point of the impulse, beyond the right side of the sternum. The two diameters of the heart overstep thus considerably their natural limits. No cardiac prominence is to be observed. Auscultation discloses at the apex of the heart two blowing murmurs instead of the systolic and diastolic sound ; in the right ventricle two faint sounds are heard, the second of which is strongly accentuated in the pulmonary artery. Above the aorta the ear is struck by a faint systolic sound, followed by a loud,

rough, blowing murmur, instead of the diastolic sound, which extends, diminishing in force, into the left ventricle, and which may be also heard in the subclavian artery and the right carotid. The carotids are of the same size on both sides, and, except the blowing murmur in the right one, nothing is heard but a very faint systolic sound. The pulse of the radial artery is vibrating, isochronous with that of the crural artery, but rather behind the systole of the heart; ninety pulsations per minute. The respiratory murmur is rough, but everywhere vesicular, expiration prolonged, and mucous rattles are heard on both sides of the chest; twenty-eight to thirty inspirations per minute. The patient feels as if he had a great weight on the chest, and is much troubled by coughing, especially in the night, and expectorates in the morning copious quantities of muco-purulent matter, sometimes streaked with blood. He complains besides of a permanent sensation of anguish and tightness about the heart, and sighs frequently; he has very bad nights, the dyspnoea often distressing, and only in an almost sitting position, leaning on the right side, can he obtain a disturbed sleep. Sensation of fulness in the right hypochondrium; while the liver, which protrudes more than two inches beyond the margin of the ribs, towards the navel, is painful on pressure. The feet and lower part of the legs to near the knee are swollen, cedematous; the horizontal position causes no difference in the swelling, so that in the morning the feet are as much infiltrated as in the evening. The urine in the morning is thick, reddish, reaction acid; specific gravity 1017; nitric acid and ebullition precipitate an appreciable quantity of albumen. The appetite is gone; the tongue white but moist: one or two liquid stools a day. Great general weakness.

In order to establish our diagnosis, we were obliged to examine the morbid symptoms, each one according to its own value, and all in their relation one to another.

From the first we find the impulse of the heart at the seventh rib and at the outside of the nipple, which, in itself, indicates, without the help of percussion, in the majority of cases, a considerable augmentation in length of the left

ventricle. But exploration reveals not only a greater longitudinal diameter of the heart; the transverse diameter also occupies a much larger space than in the normal state. In fact, if we examine the extension of the dulness of the heart in its physiological condition, we find it limited on the right by a line, which varies between the middle and the left margin of the sternum; and on the left by another, which is supposed to start from its left margin in the third intercostal space, and extending to the upper border of the sixth rib, about an inch within the nipple. Now, in our case, the dulness of the heart extends from the third to the seventh rib, and nearly one inch and a half to the left of the nipple. This considerable elongation must be attributed either to dilatation or to hypertrophy of the left ventricle, or to both combined. At the same time there is also augmentation of dulness in the transversal diameter of the heart, which begins at one inch and a half outside the nipple, and extends beyond the right margin of the sternum; the right ventricle participates thus in the same pathological process as the left one. There is no cardiac prominence, but the impulse of the heart is visible in several intercostal spaces, and is even felt in the epigastrium, evidently through the left lobe of the liver. The shock of the heart does not elevate the wall of the chest, but it communicates to the hand and ear a heaving movement easily to be discerned. This too moderate impulse of the heart, compared to its size, forces us to admit a dilatation of the ventricles with eccentric hypertrophy, and, probably, partial fatty degeneration of the muscular substance of the heart. Auscultation discovers a systolic murmur, indicating insufficiency of the mitral valve, and explaining at the same time the dilatation and hypertrophy of the right ventricle. Effectively with each systole a portion of the blood regurgitates from the left ventricle into the corresponding auricle, thus causing congestion in the pulmonary circulation, accumulation of blood in the right ventricle, and lastly, in the whole venous system. This gives also the explanation of the production of the second sound in the pulmonary artery, of the bronchial catarrh, of the swelling and pain of the liver, of the en-

largement of the spleen, the œdema of the legs, the albuminuria, and of the functional disorders of the alimentary canal; the whole resulting from venous and mechanical hyperæmia. At the apex of the heart a diastolic sound is also heard, coming, no doubt, from the aorta, for it is loudest in that region, and can be distinguished as far as the right carotid. This diastolic murmur, the hypertrophy of the left ventricle, the wide extent of the impulse of the heart, and the vibrating, jerking pulse, place the insufficiency of the sigmoid valves of the aorta beyond all doubt.

The dyspnœa, the sensation of suffocation, of anguish, and dull pain at the heart, are caused, on the one hand, by the mitral insufficiency, and on the other by the vascular congestion in the lungs.

As the primary cause of this pathological state, we must consider the hereditary rheumatic diathesis, and the endocarditis resulting therefrom.

Treatment.—The excessive action of the heart, the vascular congestion in the lungs, the bronchitis, dyspnœa, and the symptoms manifested in the digestive organs, determined us to prescribe *Phosphorus* 3, one drop every three hours. Milk morning and evening, roast meat at dinner. We possess no remedy which arrests the tumultuous action of the heart as quickly as *Phosphorus*, when it proceeds from a mechanical obstacle either in the heart itself, or the lungs, or of some alteration of the blood. It is by regulating the influence of the pneumogastric nerves and of the ganglionic system on the heart and lungs in the first place, and in the second, by stimulating the vitality of the muscular fibre of the heart and the elasticity of the capillaries threatened with atony from defective nutrition, that this medicine often dissipates so rapidly venous pulmonary congestion and bronchitis, while it increases at the same time the plasticity of the blood. This is the reason that *Phosphorus* is frequently of such great efficacy in fatty degeneration of the heart.

March 24th.—The pulse is less vibrating, 80 per minute. The mucous rattles have diminished; breathing easier; cough less troublesome; expectoration less abundant; appe-

tite better ; diarrhoea has ceased ; the nights are in every respect quieter. Prescription, *Phosphorus* 6, one drop every four hours.

30th.—The œdema of the lower extremities has disappeared ; pulse 78 ; the painful sensations about the præcordia still exist, but in a feeble degree. The patient speaks more animatedly, and general nutrition has improved. The volume of the liver has decreased by one inch, and the spleen has almost returned to its normal dimensions. The patient coughs very seldom ; he eats little, but with appetite ; the muscular energy has made marked progress.

I suspend medical treatment for a week, but before the expiration of that term, viz. the 6th April, am called to see the patient, who has been seized with rheumatism of the spine ; almost all the joints are painful but not swollen ; the pulse is small, weak, irregular, 96 to 100 pulsations per minute. The temperature of the skin is high, but it is moist, and the forehead and face are covered with cold perspiration. The situation of the patient is most distressing ; he can scarcely move for rheumatic pains in the back, while the dyspnoea and anxiety are so great that he can find no ease in any position. His livid face expresses the greatest anguish ; he complains of violent palpitations of the heart, accompanied with sharp, shooting pains at the præcordia, and great weakness as if about to faint. Notwithstanding, except the irregularity of the movements of the heart, the impulse of its apex is not stronger than at the first examination ; if there is any difference, it is rather in favour of a diminution in its energy. This, however, is not the case with the blowing murmurs ; the systolic murmur is rough, and much louder than we ever heard it before. The patient speaks with great effort, and can scarcely explain the beginning of this new attack.

On the 4th he had been long exposed to the sun, and was in a perspiration when he returned to his north bedroom. He was seized the same evening with shivering, followed by heat and painful sensations all over him (*acerba lassitudo*) ; from the 5th to the 6th the disease took the above-described serious turn. Was this a simple acute rheumatism ?

or was it complicated with endocarditis, as several symptoms seemed to indicate (such as the palpitation, the sharp cardiac pains, the rough systolic murmur and the weakness)? Or were these phenomena nothing but the result of the febrile actions on a heart already so seriously impaired in its structure? The answer to one or the other of these questions was the more difficult, as the same complex of symptoms appears and disappears in some acute maladies, amongst which acute rheumatism stands first, without leaving any trace of lesion of the heart. However this may be, the doubt was of no present importance in the therapeutic point of view, as the general pathological state should furnish us with indications for the medical treatment.

Prescription, *Aconite* 6, gtt. iv, *Aq. dest.* ʒv, one spoonful every hour; to quench the thirst, cold water; no food but milk. The patient began the medicine at 9 in the morning, and by 7 in the evening the pulse numbered only 90 per minute, while it was more regular and less feeble; the skin cooler and in profuse perspiration; no other change was perceptible.

Prescription, *Spigelia* 3, one drop every hour, and *Aconite* only in case of a return of fever.

On the 7th the palpitation of the heart is less violent; the cardiac pain gone; the breathing easier; the anguish and restlessness greatly relieved; the pulse is still 90, but stronger and more regular than the day before; less pain in the spine in moving; urine high coloured, no sediment, traces of albumen. Continuatur medicamentum, same dose every three hours.

On the 8th the state of the patient is less satisfactory than I expected; although the palpitation has decreased considerably, and the pains in the back still much relieved. I remark, nevertheless, that the breathing is more difficult, thirty-six inspirations per minute, and that, though the pulse is not quicker than the day before, it is weaker, and the impulse of the heart less strong than ever it had previously been. On examining the chest I find at the inferior angle of the left scapula a crepitating rattle, which extends towards the basis of

the lung. It reaches at the back to the margin of the lung, and in front to the axillary line. Percussion elicits all over this region a dull tympanitic sound, while everywhere else the sonority is natural; the vesicular murmur puerile, accompanied occasionally by mucous rattles in the right lung; increase of albumen in the urine. These symptoms clearly indicated a weakening of the action of the heart and passive congestion in the inferior lobe of the left lung. Prescription, *Phosphorus* 8, gtt. j, secund. hor.

11th.—Nothing more is heard but a few moist rattles in the lower part of the left lung. The rattles become every day coarser, at the same time the congestion is diminished. Nevertheless the contractions of the heart were still very weak, and the pulse had lost nothing in its frequency. Every movement increased most painfully the oppression and provoked palpitation of the heart. No inclination for food; tongue white; three liquid, very offensive stools the last night.

Prescription, *Arsenic* 3, gtt. vj, *Aq. dest.* ʒvj, one spoonful every three hours; milk broths; slightly boiled eggs for food.

14th.—The pulse at 80, regular, undulating; the patient begins to walk without being immediately out of breath; the contractions of the heart are more energetic, and the systolic murmur has resumed its former quality. The appetite is more natural, the bowels are moved regularly, and there are only slight traces of albumen in the urine.

By gradually diminishing the doses of arsenic and varying the dilutions—6th to the 30th—the patient regained sufficient strength to take to his work again in the beginning of May. He was then in the same state as immediately before the attack of rheumatism. During the last week he had taken one pint of milk morning and evening, for dinner roast meat and a light vegetable, with a small quantity of wine. I saw him again early in June, and was surprised to find him looking so well; he had gained flesh, and his skin was less yellow than formerly. The pulse was vibrating—78 pulsations per minute. He was, however, still obliged to be careful in his movements and to go upstairs slowly. The

heart was still in the same pathological condition as at the time of our first examination. The albuminous deposit in the urine had been examined with the microscope several times without disclosing anything else than amorphous molecules, and now there were epithelial cylinders, without fatty granulation in their cells. The specific gravity varied between 1016—1019.

I saw this patient no more till the 2nd of November following, when he was again taken with rheumatism. His state was as follows: rheumatic pains in the shoulders, the nape of the neck, and the chest; the least movement of the head or drawing a deep breath are impossible. Pulse 120, irregular, jerking; skin hot, but hands and feet cold; intense thirst, tongue foul and tremulous; headache, eyes bloodshot, the pupils dilated, tendency to somnolence, lips livid. Before I saw the patient, his master had made arrangements for his admission to the hospital, and he had sent simply to request me to see him there. I was too much interested in him to refuse his request, and the good terms on which I was with the medical director of the establishment facilitated my doing so. I do not intend to enter here into the treatment to which the patient was submitted: It was rational according to the ideas which rule the schools of the present day; it suffices to state, he sank in eight days under pericarditis, which developed itself during his stay in the hospital.

Post-mortem examination twenty hours after death. General emaciation, œdematous infiltration of the legs. The bony tissue of the skull is thick and compact, the dura mater much congested, soft clots are found in the sinus longitudinalis superior; serous infiltration of the arachnoid and pia mater, which are easily separated. The cerebral substance is tenacious and of extraordinary humidity. The ventricles contain more than half an ounce of a clear serous liquid. On opening the chest we found the pericardium much distended, and containing more than seven ounces of turbid serosity, in which a few albuminous particles were floating; the internal surface of the pericardium has lost its polish, and shows vascular injection. The heart measures

5 in. in length by 5·4 in breadth. The walls of the left ventricle are firm, of a brownish red ; those of the right one are thin, but tough, like leather, and of dim lustre on the cut. The ventricular cavities are very large, and contain many clots of dark blood. The margin of the mitral valve is thickened, rather rigid and retracted, so that in closing adaptation becomes impossible ; the inside of the valve presents spots of a yellowish white. The endocardium which lines the muscular columns is thickened in some places, and exhibits tendinous patches. The tricuspid valves are very thin, atrophied. The right auricle, much dilated, is filled with dark blood. The mouth of the coronary vein is enlarged ; the vena cava superior and its auxiliaries are dilated, and full of dark-coloured blood. The valves of the pulmonary artery are thin ; those of the aorta are hypertrophied at their points of insertion, as well as at the free end ; as, the globules of Arantius, they are partially retracted, and thus render the occlusion insufficient. The aorta ascendens is rather dilated ; its internal coat presents a speckled, rough aspect, with patches of yellowish white or yellow. The patches of the first shade are of almost osseous hardness, while those of the latter are soft and of a brilliant polish. These patches are especially numerous at the arch of the aorta, the origin of the collateral arteries. The middle coat is discoloured and the external one thickened, and shows vascular injection. The lungs are of a dark red colour ; their tissue thickened, gorged with blood and œdematous ; there exist several adhesions on both sides. The mucous membrane of the bronchiæ is of a violet red. In some of the ramifications of the pulmonary artery are found soft clots. The internal coating of the large branches of this artery shows numerous patches of a yellowish white. The abdominal cavity contains a few pounds of a limpid serosity. The liver, of a dark brown, is larger in all its dimensions than in the normal state ; its incision causes the oozing out of a large quantity of blood, and discloses yellow patches. The spleen, of a brownish red, is double its normal size ; its parenchyma hypertrophied. The stomach and intestines are distended with gas. The mucous membrane of the first is

red, swollen, villous, and covered with viscous mucus ; that of the small intestine and the colon uniformly red, covered in places by mucosities or yellow fæces. The kidneys are congested, red, and hard.

Dissection thus reveals pericarditis ; hypertrophy and dilatation of the ventricles of the heart ; insufficiency of the mitral and aortic valves ; dilatation of the aorta, partial ossification and atheromatous degeneration of its internal lining ; hypertrophy of the spleen and the pulmonary tissue ; congestion of the liver and the kidneys ; hyperæmia of the mucous membrane of the bronchiæ and digestive organs ; ascites and hydrocephalus.

Our object in recording this case is simply to point out the action of a medicine in small doses, administered on the homœopathic principle. To prove their efficacy in a case of general capillary stasis, produced by mechanical causes, and in a stage where, as it is well known, no amendment is possible without therapeutic interference, must bring conviction into any mind whose faculties have not been atrophied, so to speak, by the inveterate prejudices of the cathedra.

With this view we have chosen the above amongst several cases of organic diseases of the heart which have come under our observation, as giving no hold to the critic in a diagnostic point of view. At the same time affections of the heart, such as the one we describe, are unfortunately too frequent to run any risk of being pronounced exceptional.

If we refer to the commencement of our medical attendance on this patient, there had existed a permanent serous infiltration of the legs already for some time, in this case a sign of great venous stasis. By itself this œdema will never disappear ; it will, on the contrary, increase, if the venous circulation does not become more active and regular. Now we find that, under the influence of *Phosphorus*, in the third decimal dilution, there was, at the expiration of four days, diminution of the frequency of the pulse, great improvement of the bronchial catarrh, breathing easier, action of the bowels regular. Six days later, total disappearance of œdema ; reduction of the pulse to 78 ; the liver receded by an inch ; the spleen returned almost to its physiological

volume ; return of the respiratory organs nearly to a normal condition ; and nutrition more active. In other words, doses of *Phosphorus*, ridiculously small according to the therapeutic ideas of the day, had the effect—which there was nothing in the regimen to account for—of increasing the compensatory power of the heart, and consequently the arterial hydrostatic pressure ; of diminishing the venous lateral pressure ; and of ameliorating the plasticity of the blood.

Fearing to prolong this article beyond our proposed limits, we abstain from pursuing the therapeutic analysis of the episode of acute rheumatism ; which, while it requires no explanation to those who are acquainted with the value of *Spigelia* and *Arsenic*, would not convince such of our adversaries as persist wilfully in a systematic and malevolent opposition. We would simply ask them, Could you, by the means you employ, obtain equivalent results in as short a time and in analogous circumstances ?

Now, we know too well the deleterious effects on the human organism of the manner of administering digitalis, hydrocyanic acid, acetate of lead, opiates, the more modern use and abuse of iodide and bromide of potash, as well as stimulants, in heart complaints, by those who are officially entrusted with the public health, to follow in their footsteps.

INTERLAKEN FOR INVALIDS.

By Dr. TUTHILL MASSY, Brighton.

INTERLAKEN is considered by many the sweetest valley in all Switzerland, with the river Aar flowing from the lake of Brientz to that of Thun, causing a current of fresh air to circulate from end to end. From the right bank of the river precipitous rocks ascend into a lofty mountain, while on the left bank we find a number of noble hotels, containing

within themselves all the comforts and requirements of daily life. Almost midway between these establishments we found the great resort for invalids with a covered promenade over which is engraved the compound word *Molken-kuren*.

We paid four morning visits to this retreat at seven o'clock, when the whey-drinking began. The whey is served quite hot in small teacups, and is sipped by the visitors, by some who quietly sit next their allotted little table, and by other restless bodies who continue walking to the strains of the martial music, occasionally stopping for a sip and then going backwards and forwards at an even pace for an hour, when the matins terminate.

At noon the invalids again meet to eat grapes and listen to the band. In the evening, at seven, the gardens are open free to the villagers, who come to enjoy the German music and the English company.

The mornings during my few days at Interlaken were lovely, the air clear and crisp, almost frosty, in the month of August, with the dark chain of the Oberland looking down on the *Molken-kuren*, the snow-elad pinnacle of the Jungfrau ascending amid the cleft mountains into the blue sky. By permission I went to see the whey made at five o'clock a.m., just as the milk of thirty goats arrived from the plain above the Abendberg. Can after can was poured into a large cauldron, suspended on a crane close to a brisk wood fire, over which it was turned for about ten minutes, or until bubbles appeared on the surface, when the man cook drew it off the fire, and gradually added a solution of rennet, which caused the milk to thicken. After some minutes he passed a wooden dish into the cauldron, and forced it gently round and round until the curd separated and became solid. It was then removed from the whey and put into shapes for the cheese market. Unfortunately, at this moment the bell rang for the steamer going up the lake with my party for the Giessbach Falls, and thus I had to leave without seeing the final and most interesting part of the process, which Dr. Stresser described to me as a quick method of cooling, by which the *second* curds, or what we may term an inferior cheese, is "*frightened*" (as he expressed it) from the whey;

this frightened cheese is of a whitish-brown colour, and is sold to the poorer classes in the town.

This method of cooling is done, as far as I could learn, by again heating the whey, and then adding ice or cold water with a little more rennet. As the process is worth witnessing in a medical point, I have written this introduction to so far interest others who may chance to be at Interlaken, and would not mind rising at a few minutes before five. The whey is exceedingly light, thin and almost watery, as it is deprived of every particle of curd, and therefore rests on the most delicate stomachs. With these few remarks I have the pleasure of laying before my readers two extracts from the works of the most eminent men on the whey cure.*

“ Molken-kuren.

“ The grass of the Alps is once in the year made use of, and has great advantages over that growing in valleys, which shoots up quickly and is cut two or three times a year. The aroma of the former communicates itself to the milk, and makes also the Alpine whey more aromatic than those prepared elsewhere. The rennet used for making this whey does not act with that intensity and is not so destructive to the sugar of milk as the acid commonly used in the fabrication of Pfannen-molken. At the proper temperature only a small portion of rennet is necessary to separate the caseine (of a considerable quantity of milk) in about ten or fifteen minutes.

“ In Switzerland goat milk only is used containing more sugar of milk than cow milk, and being similar to asses' and human milk.

“ One hundred parts goat milk yield by evaporation 677 parts of a white sediment, which can easily be converted into powder; this sediment consists—

“ (a.) 6,042 sugar of milk.

* The cure is very much assisted by the scenery and drives around, particularly those to the Grindelwald and Lauterbrunnen, and the mule rides in the vicinity.

“ (b.) 0,200 caseine.

“ (c.) 0,041 butter.

“ (d.) 0,039 phosphate and magnesia.

“ (e.) 0,498 chlornatrium, chlorkalium, and chloride of lime.

“ It would, however, be a great error to attribute the effect of whey to the milk of sugar it contains; sugar of milk never acts so beneficially, is difficult to digest, and cannot be continued long, whereas a few glasses of whey may be taken every morning during the whole of summer without becoming distasteful to the patient.*

“ The above analysis is the best guide in appreciating the effect of whey. The caseine which contains almost the whole of the nitrogen in the milk is almost completely separated from the whey, which is therefore likewise nearly free from nitrogen.

“ The chief office of whey is to introduce into the organisms carbon and hydrogen, and thereby to replace the materials which escape through respiration. In cases of fever, especially of tuberculosen, plethora, abdominal plethora, chronic inflammation, when, through the introduction of nitrogen, the action of the heart is increased, the inflammability of the blood heightened, the whey through a minimum supply of nitrogen exerts a calming, lowering effect.

“ The treatment of whey may be called a negative treatment, because, by supplying the most necessary aliment, it often hinders and even entirely prevents a further increase of abnormal secretion.

“ The power of whey to dissolve diseased matter is supported and increased by the salts which it contains.

“ The whey produces on digestion a more beneficial result than pure salts; it does not cause secretion so vehemently, and does not act so irritatingly on the mucous surfaces as

* On this point I have consulted our excellent chemist, Mr. Julius Schweitzer, of Brighton; he considers sugar of milk highly digestible, and not subject to acetous fermentation. It was on this principle that Mr. Turner recommended it in his “Food for Infants.”

salts ; on the contrary, it protects the digestive organs from relaxation and debilitation.

“ We have consequently in this treatment the advantage of a continuous mild action on the bowels, without injury to the appetite or digestion, a circumstance which in itself is sufficient to produce in numerous cases alleviation and improvement.

“ Medical men as well as others often say that whey produces little or no effect on the organisms ; this is true in as far as striking results on the great secretory organs are expected. The whey stands between aliments and medicaments, and the result always depends on the susceptibility of the patient for this treatment. Country people who live exclusively on a milk food will derive little advantage from it, because their digestive organs cannot assimilate them. Also with many who chiefly live on animal food, the power of whey does not show itself. But if we come to the debilitated patients with whom the smallest medicament produces a decided effect, we find that for those the whey forms a powerful agent, which necessarily is accompanied by beneficial and important results.

*Indications for the use of Whey.**

“ On account of its dissolving power with which it acts on all the organs of the central cavity of the body, I apply it thus :—

“ (1.) Diseases of the intestines.

“ (a.) Stoppages of the intestines through phlegm or slime, *status pituitosus intestinorum*. In all phases of this complaint the whey, with a change of air and mode of living, forms an excellent means for recovery, and when stronger medical influences are inadmissible its effects are most salutary and powerful.

“ (b.) Organic diseases of the stomach, hardening or obduration of the stomach, schirrus, hypertrophy, &c.

“ (c.) Obstructions and constipations. Strong aperients

* Page 40 of Dr. T. T. Strasser's *Kurort Interlaken*.

make here the commencement, and the drinking of whey must be carried on consistently, because it is not only its aperient tendency, but rather its effect on the quality of blood and its dissolving power, that act the chief part.

“(d.) Hæmorrhoids. All cases known under the general name of hæmorrhoidal complaints are fit cases for the treatment of whey. All medical men who have applied it agree as to its superior effect in these diseases.

“(2.) Diseases of the liver; it is chiefly the chronic diseases of the liver that come here under consideration.

“(a.) Liver (anshappungen) infarctus or physconien.

“(b.) Chronic inflammations of the liver.

“(c.) Organic diseases; fat (lard) liver belong to this as long as no granulation has taken place.

“(d.) Gall-stone diseases. It is well known that whey especially is powerful in removing this disease.

“(3.) Diseases of the spleen and of the salivary glands of the stomach. Physconien of the spleen caused by disorganization of the pancreas often demands the dissolving power of whey.

“(4.) Diseases of the kidneys.

“(a.) Inflammation of the kidneys. As an after-treatment of acute nephritis the drinking of whey with a change of scene is to be recommended.

“(b.) Stone disease. Drinking of whey eliminates the disposition for the formation of stone in the kidneys as well as in the bladder, and prevents the increase of those already formed.

“(5.) Diseases of the womb. Baths and douches of whey act very beneficially.

“On account of the special influence of whey on the blood, a second large field is opened for it by its effect on dyscrasy.

“(1.) *Venosity*. The liquifying power of whey shows itself most advantageously by patients, whose blood is poor in water, and therefore thick and not liquid. *Venosity* is seldom treated in its first stages, only when it has developed itself into plethora abdominalis. Among the disorders resulting from the latter are the following: Chronic catarrhs of the

respiratory and digestive organs; intumescence and cancer of the liver; ulceration of the spleen; acidity of the stomach; flatulency; constipation; hæmorrhoids; infarcation of the liver; asthma; enlargement of the heart; varicose ulcers of the lower part of the thigh; copper nose, and other herpetic eruptions, &c. Mineral waters are generally first applied, and the drinking of whey is an excellent finishing treatment, and when the first are too powerful, the latter is the best that can be applied.

“(2.) (Gout arthritis). The favorable effect of whey in this complaint is owing, firstly, to the introduction of a minimum quantity of nitrogen, and the thereby produced diminution of lithic acid and fibrin; secondly, to its dissolving power on the already formed *exudations*.

“(3.) *Tuberculosis*. Everywhere whey justifies its high character in cases of consumption, and here in Interlaken I have witnessed cases of recovery from extensive cavern formation which would have been considered impossible.

“(4.) *Scrofula*. The number of pharmaceutic preparations and of mineral waters prescribed for this disease is very numerous. There are, however, certain forms of scrofula where neither medicine nor mineral waters act beneficially, and where the internal and external use of whey is very important.

“Through the blood-improving power of whey it exercises an especial effect on certain diseases of organs that lie rather distant from the mucous membrane.

“(1.) Chronic catarrh of the bronchiæ.

“(2.) Laryngitis chronica.

“(3.) Cystitis chronica.

“Whey applied externally and internally exercises at last an important influence on the skin, and is of great benefit in *cutaneous diseases*. Whey is a bad conductor of heat, so that a warm bath of whey requires sometimes several hours, before it is quite cooled down; close attention to the temperature is necessary, since it is often greater at the bottom than at the surface.”*

* We are indebted to Professor G. Scheurman for these translations.

*“ The Rationality of the Whey Treatment.**

“ The butter goes, according to my own experiments, almost entirely into the coagulum forming the cheese, and in respect to the salts it is extremely remarkable that when whey is prepared by rennet a part of the salts, and especially the phosphate of lime, passes into the cheese, whilst in the spontaneous curdling of the milk through formation of lactic acid almost all the salts remain in the whey.

“ In Bath-Rehburg the whey is prepared from goat milk by means of adding rennet. The milk obtained at seven in the evening and at three in the morning is at four in the morning heated in a cauldron at the temperature of 30—35° R., the rennet out of young calves' stomachs is added, and the coagulation of the caseine takes place immediately; the milk is then filtered. The whey thus gained being not quite clear is heated a second time, and this second coagulation is brought about by adding lactic acid (sour whey) only. The whey is filtered a second time, and the whey thus obtained is thoroughly clear, yellow-green, and easily opalescent. The correct quantity of the sour whey is left to the discretion of the cook.

“ The drinking of whey has therefore this in common with all other treatments by drinking (Trinkkuren), that it increases the separation of solid particles out of the organism.

“ All my experiments prove that 10 ounces of milk yield 6 ounces of whey. The patient drinks daily 12—18 ounces of whey during a period of 4—6 weeks.

“ The effect of whey must be an entirely specific one, as we know of no other amalgamation of equal quality, and as we cannot supply its place by any other aliment.

“ A healthy working man is generally fed upon combinations which contain nitrogen, and which are free from nitrogen in the proportion of 1 : 4—4, 5—5, a proportion as it is found in wheat-bread. Since the drinking of whey

* By Dr. F. W. Beneke, Physician at the Whey Establishment at Bath-Rehburg, near Hanover.

purposes to decrease the nitrogen in the organismus, we are obliged to give the patient combinations of parts containing nitrogen and parts not containing it in a different proportions, and in accordance with his particular case, so that the sums total are in proportion to 1 : 6 : 7 : 8 : 9.

“The proportion of parts containing nitrogen to parts free from it are—

“ In cow milk .	10 : 30	“ In wheat .	10 : 46
veal .	10 : 1	rye .	10 : 57
hare .	10 : 2	potatoes .	10 : 86
beef .	10 : 17	rice .	10 : 123
mutton .	10 : 27	buckwheat	10 : 130
pork .	10 : 30	carrots .	10 : 78
fish .	10 : 4	turnips .	10 : 64
Dutch cheese	10 : 24	cherries .	10 : 410
pease .	10 : 23	pears .	10 : 216
lentils .	10 : 21		

“ This will well assist in fixing the quality of the diet.

“ A healthy working man wants in average daily three quarters of a pound of bread, six ounces of meat, half a pound of potatoes, or a corresponding quantity of vegetables, and one to one and a half ounces of fat. But the patient who drinks whey does not work, and with whey nourishment is given, therefore the quantum must not exceed the above ; generally it will have to be fixed much lower—how low will depend on the digestive organs and the nervous system of the patient.

“ Vegetables are difficult of digestion on account of their cellular and fibrous nature, and for the nervous system this general law holds good, that the weaker the nerves the less must be the quantity of food, especially of food which is rich in nitrogen.”

Medicated milk can also be procured at Interlaken on Larboudette’s plan of administering the desired remedy required, such as *Iodide of potassium*, *Arsenic*, *Mercury*, or *Iron*, to the goats or cows in a saturated solution through the vegetable matter, and then giving the patient this milk. Professor Trousseau approved of this method of medication by an

indirect action on the diseased tissues causing a *dynamic* impression on the organism, and thus it was discussed before a sitting of the French Academy—several members opposed the views of Trousseau. “M. Boudet looked upon them as an adhesion to Homœopathic doctrines. ‘One must be a Homœopathist,’ said he, ‘to admit such a doctrine,’ and Professor Piorry declared that, in admitting that very small doses of *Iodine* had acted where large doses had failed, the academy was *in full sail towards Homœopathy*. This remark was not unfounded, for the action of infinitesimal doses of *Iron* and of *Mercury* in the milk of cows which had taken these drugs in their food was admitted by the academy, as well as the action of *Iodine* in milk and in *Cod-liver oil*. Now, in the latter remedy, it is well known that the samples of it, richest in *Iodine*, do not contain, according to De Jongh’s analysis, more than $\frac{1}{10,000}$ ths of *Iodine*—that is to say, one part of *Iodine* in 2500 of *Cod-liver oil*. We subjoin the following remarks by the *Art Médical* on the admissions and the inconsistencies of the academy.

“ ‘By approving the medicated milk the academy admits the efficacy of doses comparable in their exiguity to the third dilution of the Hahnemannian preparations . . . and, nevertheless, it protests through M. Chatin against the Hahnemannian doses, in which it does not believe.

“ ‘Whence this inconsistency, and why does the academy only believe in infinitesimal doses up to *the third dilution*? It is because chemical tests cannot detect the presence of the medicine beyond that dilution. But chemical tests can detect nothing in the marsh air which causes intermittent fever; nothing in viruses and venoms which, nevertheless, cause severe accidents; nothing in many mineral springs, of which the curative powers are denied by no one! How, then, can they conclude from the negative signs furnished by chemical analysis that the substance which is very evidently present in the first dilution of a pharmaceutical preparation, and of which minute precautions must very certainly have ensured the distribution in subsequent dilutions, is absent? And why demand of chemical analysis

the solution of a question which clinical observation can alone solve? Why?—it is because the academy foresees that clinical observation would be against it, and because it has come to a determination in reference to Homœopathic doses from which it cannot swerve. It will not reverse its judgment, and above all it is unwilling to own that it acted wrongly in persecuting physicians, who, notwithstanding its wrath, persevered in the clinical verification of Homœopathic doses.

“ ‘ Thus the academy which had already accepted the law of similars as an important principle of medication, and the experimentation of medicines on healthy persons as the chief basis of the materia medica, now accepts the efficacy of infinitesimal doses up to the third dilution. The academy is therefore much more Hahnemannian than a large number of German Homœopaths who only use the dilutions on the decimal scale, and who only accept the principle of similars within certain limits. It is therefore impossible to understand how it is that it accepts the labours of Hahnemann, whilst it refuses to do justice either to him or to the physicians who have accepted the reformed method of cure.’ ”

REVIEWS.

L'Omniopatia in Italia, rivista annuale di Medicina omiopatica, per cura del Dottor PAULO BRENTANO, Anno secondo. Milano, Salvi e Comp., 1867.

Homœopathy in Italy, annual review of homœopathic medicine, edited by Dr. PAUL BRENTANO, second year. Milan, Salvi and Co., 1867.

IN vol. xxiii we noticed the appearance of the first number of this periodical, which it was intended by its able editor should be continued annually. A sudden and untimely death put a stop to the scheme. On the 29th June, 1865, returning to Milan from Venice, whither he had been summoned for a consultation, he stopped at Desenzano, on the beautiful blue lake of Garda, intending to spend a few days in the midst of its lovely scenery. The following morning he was found dead in his bed, having apparently been carried off by apoplexy in the night. He is a great loss to homœopathy in Italy, for few if any Italian homœopaths possessed the same familiarity with the homœopathic and general medical literature of all countries, or the sound judgment and facile pen of our deceased friend.

Some of his friends have thought fit, from the manuscripts he has left behind him, to publish a posthumous second volume of the annual he commenced. Although the title is a sad misnomer, the contents of the volume are extremely interesting, and serve to increase our respect for the talents and our regret for the death of the author.

The volume contains first a biographical sketch of Dr. Brentano, next a translation of the favorable notices of the first volume by the homœopathic press of various countries, which might as well have been omitted. The real body of the work consists of papers and translations by Dr. Brentano

himself. The first is called *The Transformations in Medicine*, which is an excellent and most readable article upon the various changes that have taken place in the practice of physic of late years. As usual with Dr. Brentano's writings, it abounds in evidence of his extensive reading in the medical literature of many countries, and it is written with all the gravity which a medical subject demands, but with a quiet vein of irony that makes it the very reverse of dull.

Then follow two essays of similar character: 1. *The Biological Systems*; 2. *The Antibiological Systems*. These are both learned and thoughtful essays, and are well worth perusal, containing, as they do, a *résumé* and criticism of all the recent theoretical opinions of medical authors, together with many illustrations drawn from the writings of the older physicians.

The next article in the volume is a translation of Dr. Carrol Dunham's *Homœopathy, the Science of Therapeutics*, which originally appeared in the *American Homœopathic Record*, whence it was transferred to the pages of our contemporary, the *Monthly Homœopathic Review*.

The last article is an exhaustive essay on *Arsenic*. Dr. Bretano has already shown us in his monographs on *Cantharis* and the *Mercurials* in what a masterly manner he could relate the results of his great reading and research as to the action of these two drugs. The present essay on *Arsenic* is, in our opinion, not a whit inferior to the other two, if it does not surpass them. In fact, it is the most complete essay on the subject we have met with, and shows the author's thorough acquaintance with all the literature on the subject, from the earliest times to the last magazine article.

It is well known that Dr. P. Bretano was the successful candidate for the prize offered by the Hahnemannian Society of Madrid, for the best essay on *True and False Croup and Diphtheria*. This essay has already appeared in the columns of our Spanish contemporary, the *Criterio Medico*, and we are glad to observe that its publication in the original Italian of the author is announced.

Beschreibung der in der homöopathischen Pharmacopoe aufgenommenen Pflanzen, nebst 300 Tafeln naturgetreu colorirter Abbildungen, der Angabe ihrer Standorte, ihrer zur Anwendung kommenden Theile und ihrer Anwendungsweise, sowie derjenigen standigen Krankheitsformen in denen sie sich heilkräftig erwiesen haben. Von Dr. H. GOULLON, &c. &c. In 60 Lieferungen. Leipzig, Baensch, 1865-7.

Description of the Plants admitted into the Homœopathic Pharmacopœia, with 300 plates coloured after nature, an account of their habitat, of the parts used in medicine, and of their mode of administration, as also of the diseases in which they have proved themselves curative. By Dr. H. GOULLON, &c. &c. In sixty parts. Leipzig, Baensch, 1865-7.

This is a disappointing book ; and yet the plates are good, their colouring not amiss, and print and paper are both excellent. The number of the plates, amounting to 300, seems surely large enough to satisfy the most exacting Homœopathist, and we have already praised their execution ; but these excellently drawn and coloured plates, though so numerous, are not the plates we would expect to meet with in a Homœopathic work. While there are representations of immense numbers of plants which are utterly unknown to the Homœopathic practitioner, such as *Cocculus palmaris*, *Papaver rhoeas*, *Fumaria officinalis*, *Cochlearia officinalis*, *Bixa orellana*, *Gossypium*, *Adansonia dig.*, *Barosma cren.*, *Dictamnus albus*, *Simaruba amara*, *Pistacia lent.*, *Rhus coriaria*, *Boswellia serr.*, *Ononis spinosa*, &c. &c., and of common table vegetables and fruit, such as *Brassica rupa*, *Sinapis alba* and *nigra*, *Theobroma cacao*, Orange, Lemon, Apple, Vine, Raspberry, Blackberry, Currant, &c., we have no plates of many of our well-known remedies, such as *Ranunculus sceleratus* and *bulbosus*, *Delphinium staph.*, *Sanguinaria canadensis*, *Drosera rotundif.*, *Anacardium*, *Rhus vernix*, *Indigofera tinctoria*, *Prunus spinosa*, *Cicuta*

virosa, *Æthusa cyn.*, *Cyclamen europ.*, *Ignatia*, *Spigelia*, *Menyanthes*, *Vinca minor*, *Apocynum cannab. and andros.*, *Nerium oleander*, *Euphorbia off.*, *Solanum nig.*, *Symphytum off.*, *Vitex agnus castus*, *Gelseminum sempervirens*, *Jatropha curcas*, *Mercurialis perennis*, *Urtica urens*, *Paris quadrifolia*, *Veratrum viride*, *Iris versicolor*, *Taxus baccata*, *Thuja*, *L. bovista*, *Agaricus*. We need hardly say that Dr. Hale's new remedies are not represented at all, and very few of them alluded to in the text.

We were at first at a loss how to account for this strange arrangement in a Homœopathic work of this sort, where many of the best known Homœopathic medicinal plants are omitted, and many others utterly useless to the Homœopathist are inserted, but an examination of the advertising sheet on the back of each number has, we believe, cleared up the mystery. We find there announced the publication by the same publisher of a work descriptive of all the officinal plants admitted into the newest German Pharmacopœias, in sixty parts, and containing 300 coloured plates. The fact seems to be that M. Baensch, being desirous of turning an honest penny of profit out of these plates, which he had got engraved for the Allopathic work, over and above what he would derive from the sale of that work, has set Dr. Goullon to write something that might pass for Homœopathic about each of the plants figured in the Allopathic work. Thus we have the extraordinary spectacle of the sudden importation into our Homœopathic Materia Medica of a whole cartload of utterly unknown plants, respecting most of which Dr. Goullon has to make the naïve confession that they have not been proved, and are not employed in our practice. Then what business have they in a Homœopathic work? we would ask.

The work would have possessed much more value to the Homœopathist had some hundred of the existing plates been left out, together with the remarks upon them, and, instead, some thirty new plates of plants peculiar to Homœopathic practice been inserted. Dr. Goullon is greatly to blame for lending his very respectable name to such a sham as this is. We have no hesitation in saying that Dr. Hamilton's

Flora Homœopathica, with its sixty-six representations of truly Homœopathic plants, is of infinitely greater value to the Homœopathist than this imposing work with its 300 plates. Besides, the plates are vastly inferior to those in Dr. Hamilton's work in artistic feeling and fidelity to nature. In short, we cannot regard this larger volume as being what its title would lead us to expect, *A Description of the Plants admitted into the Homœopathic Pharmacopœia*, it is, on the contrary, a mere *réchauffé* of Allopathic vegetables served up with Homœopathic sauce.

CLINICAL RECORD.

Senna in Azoturia. By DR. DRYSDALE.

A GENTLEMAN about 35 had been above a year in a state of wretched health and spirits. He had consulted several medical men, but persevered in nothing, and, in fact, was a thorough hypochondriac, and had little hope of doing any good. He complained of an immense variety of painful sensations; his sleep was broken so that he seldom got an hour's uninterrupted sleep, according to his report; his appetite null; tongue furred, several loose copious motions daily; urine high-coloured and strong-smelling, a little below the normal amount; he complained of being choked up in the urinary passages, slight gleet, absence of sexual desire, and occasionally emissions took place in sleep; headache as if his head would split; palpitation; sinking in abdomen, &c. He was very weak and thin, with a miserable expression of countenance, and used to weep over his wretchedness, and feared he was going mad. It was very difficult to get him to take any medicine long enough to do him any good, as he would come back a day or two after it was prescribed, howling over some of his many painful and depressing sensations. After several prescriptions based chiefly on the subjective symptoms, I examined the urine and found its specific gravity was 1035, and it contained crystals of oxalate of lime. On testing further no sugar could be detected. It was therefore a case of oxaluria with excess of urea, such as those described by Golding Bird. The diagnosis through the chemical signs gave a great advantage in

the management of the case, as I told him I would not prescribe till after examining the urine, which he was to send the day before, and that he need only do so every eight or ten days, as no change could be expected in less time. I had already given the *Nitric acid* so strongly recommended by Prout and Golding Bird, guided by the subjective symptoms, and it had produced some relief. But from Golding Bird's strong recommendation of the *Nitro-muriatic acid* it was given in six drop doses twice a day. However, no further benefit was obtained, and the specific gravity of the urine still remained at 1035. *Nitrate of silver*, *Cocculus*, and *Plumbum acet.*, were given in succession, with some improvement in the subjective symptoms for which they were chosen, but still the urine did not come below 1032. I then fell back upon the chemical signs, as unfortunately our provings are still so imperfect that we do not know the chemical effects on the urine produced by most of our medicines, which are well proved as far as the subjective symptoms are concerned. In C. Müllers excellent paper on the urine, in this Journal, vol. xvii, p. 555, we find that *Senna*, even in small doses, invariably causes increase of the urea, water, and earthy salts. This medicine also, as far as the scanty proving shows, had a good many of the abdominal symptoms, and in particular the copious stools. It ought therefore to be Homœopathic to the waste of tissue here going on, and, though I had no experience of its use in such cases, we have too imperfect a knowledge of its complete action on the healthy body to justify the choice with certainty. I gave it in the dose of four drops of the pure tincture twice a day. On the patient's next visit, in about a week, there was a marked change in his countenance and a considerable improvement in his general health, and the specific gravity of the urine had sunk to 1021. In about ten days more his improvement had made further progress, and his stools were nearly natural, once a day, and formed, which they had not been for long. For other symptoms *Plumbum* was given again with good effect, and then other medicines, but the *Senna* was returned to now and then in the progress of the cure. The patient is still under treatment, but the above justifies my calling attention to such an apparently insignificant and unlikely medicine, and the value of the chemical signs, though they certainly cannot be trusted to alone for the choice of the Homœopathic remedy. This case helps us little in the differential diagnosis of the group of medicines which produce azoturia.

Gonorrhœa complicated with Orchitis, Strangury, and Hæmaturia, Clematis Erecta. By Dr. RANSFORD.

This drug has been recommended by Dr. Stapf in orchitis, and indurated swellings of the testes, consequent upon mismanaged gonorrhœa. It has also been included by some British authors in their list of remedies for the same complication. The following case has impressed me very strongly with its value. A gentleman had been under Homœopathic treatment for gonorrhœa, which was abating, when he foolishly indulged in drink, and in a fresh connection: the evening following this debauch he was seized with severe pain in the left testicle and spermatic cord, which was tender and swollen up to the abdominal ring. The testicle was red, about double its natural size; there was likewise tenesmus of the bladder, strangury, and hæmaturia. On visiting him, I found him in bed, suffering acutely, a considerable degree of fever attending. *Aconite* 1, *Cantharis* 3. One drop of each alternately every hour was ordered, with absolute rest, and low diet. He passed a better night, and on the following day was able to rise from bed and lie on a couch, the testicle and spermatic cord were much in the same condition as before. The other symptoms much relieved, the urethral discharge had almost ceased. Urine high coloured, but not bloody. There was the described bruised feeling of the testis, walking was scarcely possible. *Clematis* was prescribed, favorable results following with marvellous rapidity. The swelling of the cord and testes had nearly disappeared within three days, and along with this disappearance the urethral discharge was re-established: this discharge gradually became more and more serous, until its cessation in about fourteen days. The patient, under advice, had used an injection of *Hydrastis Canadensis* (half oz. of powdered root, to twelve oz. of cold water) the night previous to the acute seizure, but on the same night as the fresh connection. Whether this injection had anything to do with the production of the symptoms referring to the bladder, testis, and spermatic cord, I scarcely know, but am inclined to think that it had.

On the Reduction of Hernia.

By GEORGE MOORE, M.D.

About two years ago, as nearly as I can recollect, several writers in the *Lancet* or *Medical Times* recommended that when hernia resisted the ordinary application of the taxis, the patient should be placed in a slanting position with his head downwards. The object in view was, of course, to obtain the additional aid of traction upon the hernia, when the bowels fell towards the diaphragm.

Dr. Yeldham's instructive case, narrated in the September number of the *Monthly Homœopathic Review*, in which this procedure was successfully adopted, reminds me that I am in a position to bear testimony to its value.

Twelve months ago, an elderly gentleman requested me to attend him immediately. He stated that two hours previously, whilst in the act of relieving the bowels, he felt himself ruptured. He had been so before for several years, and had laid aside his truss for some months. Until this time he had always been able to return the protrusion when it descended. On examination I found a considerable scrotal hernia on the left side. There was some local uneasiness and abdominal pain—no vomiting. Failing to make any impression on the swelling by the usual manipulations, I at once proceeded to have him placed in position, with his head and shoulders held low by his wife, and his pelvis rested on the edge of a four-poster bed. Now, by practising the same handling as previously, the bowel returned into the abdomen with the greatest possible ease.

Nihil sub sole novi. Dr. Greaves, in his *Studies in Physiology and Medicine*, gives a *résumé* of a work by Dr. Oppenheim on the condition of medicine and surgery in Turkey. The Turks, it appears, at the time spoken of, attempted the radical cure of hernia by ligature, or the actual cautery. The operator, in a case witnessed by Dr. O—, "tied the patient on a board, forming an inclined plane, so that the patient's feet were much higher than his head" (page 307).

Rhus in Rheumatic Lameness.

1. William Huch, of Klensenberg, aged seventeen years, while a child, had the itch; was carried to me, Oct. 2, 1848, and gave, with the aid of his father, the following statement:

"I went two and a half years ago in the forest to help to load a tree, by which I perspired freely. As the tree was loading I was tired, and sat myself, in order to rest, upon the hindmost part of the tree.

"On the road home we were overtaken by a snowstorm, with rain and violent wind. I remained on the tree. On my arrival at home I alighted—being stiff—from the tree, and discovered that the right leg, especially in the hip, was lame, and by motion it caused me pain. All possible means came into requisition, but the evil instead of getting better, was aggravated, and I am *lame* with the leg, *to this day*."

The status presens was as follows:

A *drawing pain*, with *crepitation* in the hip-joints; pain increased by *leaving a chair* after long sitting on it; by *sitting down* in the *cold*; by *exerting* the leg during walking; in the *autumn* and by *change of weather*. Pains are mitigated, when near the *warm stove*, in the *sun*, and by *continued gentle* motion.

The leg is *so lame* that he is obliged to take hold of the pantaloons in the region of the knee, in order to *lift it up and move it on*, when he wishes to walk, or rather to *limp*. While limping the thigh was always *bent* in the knee-joint, and every attempt to extend it caused pain, and complete extension was *not possible*. The limb *being stiff* in the hip-joint, and every motion as painful as it was imperfect; the other functions being normal. I gave him one dose of *Rhus tox.* 12, with a proper number of *Sac. lact.* powders, and directed a powder to be taken every other night, as they are numbered, and after they were taken to inform me of it. He had seven powders, and I expected him in two weeks. Oct. 9th, eight days later, a young peasant entered the room where I was sitting, with my wife, and saluted me without my knowing him. "How do you know me?" I asked him. "You have me under treatment, and to-day I had to come here, as I am out of medicine," replied he. I asked him into my office, inquired his name, and searched in my journal. After a brief search, I said to him,

—"The name Huch is here recorded, but you are not the man ; the one whose name I have here is lame with one leg." "Yes," rejoined he, "and yet I am the one: the medicine had good effect, —*I came to-day from Klensenberg on foot!*"

Klensenberg was five post-miles distance from my former residence. He took a powder every night instead of every other night, having misunderstood my directions, and hence his early return. This, however, made no essential alteration in the case, the powder, No. 1, containing the medicine. The reader may imagine my surprise and rejoicing at such information, being at the time not quite one year a homœopathic physician, and not accustomed to the surprising results which Allopathy could not attain. I was indeed overpowered with amazement and joy. Having recovered from my confusion, I said to him, "You have improved remarkably fast." "Yes," replied he, "after having taken the first powder in the evening, I could already *perceive improvement on the following morning*; all at once a different sensation was noticeable in my leg; it felt as if the leg was more animated, and the pain was considerably mitigated. The improvement continued hourly, *and on the second day I could raise my leg without having to take the hand for support*, and so it continued gradually to get better, and the walking to-day was not at all troublesome to me!"

2. Henry Discher, of Helme-case, æt. 10 years, had the itch while a child. About Christmas, 1851, the boy carried a bundle of straw, weighing some thirty pounds, on his back downstairs. As he arrived on the last step but one, he made a mis-step, and fell down. As he erected himself again, he experienced the most violent pain in the ankle-joint, which was increased by the slightest attempt to step with the foot.

Various Allopathic means came in requisition; but five months after the accident the evil was almost as bad as immediately after it; the only amendment perceptible was, that he was free of pain when he kept his foot quiet. But as soon as he made the least attempt to walk, he experienced the most violent and intolerable pain of a tightening character, which extended from the ankle-joint up to the knee. The pains were the *most violent* by the *first* attempt to walk, *after having rested* for some time. If he, however, regardless of the pain, and with the assistance of a crutched cane, *continued* to walk for some time, and also prevented on first beginning to walk that the weight of the body from resting on the

affected limb, the walking was gradually less painful. The bones were sound; other functions normal.

I gave the boy, on the 19th of May, seven numbered powders. The first three contained *Rhus* 2; directed them to be taken, a dose every night, as numbered. On the 26th of May the father of the boy informed me that already a *marked improvement* had set in, and that a fine pustulous eruption had made its appearance on the lips, on which they had formed small scabs. I considered the *eczema labiale* as the primary effects of *Rhus* and prescribed powders of *Sacch. lac.* The 4th of June: the improvement was but slow, and I directed *Rhus* 2 in pellets again for seven nights in succession, and gave, until the 30th June, *Sacch. lac.* During this time the *eczema lab.* made its reappearance, and the improvement had continued so favorable, that the boy was able to carry on his arm his sister, eighteen months old, for ten or fifteen minutes; he merely provided himself with a cane for support in case of need, but did not make any material use of it. I repeated *Rhus* 2 in seven doses, and had the pleasure to hear from the delighted father that the boy was entirely restored to health again. Over six weeks elapsed before the complete removal of this evil, and hence we cannot speak of a *surprising speedy* cure. But considering that on the third or fourth day after the first dose of medicine the improvement already commenced, and by the repetition of the same remedy continued to progress, it must be admitted that the beginning of the *prompt* and *speedy* improvement was induced by the remedy, which also completed the successful recovery, and consequently it is a scientific cure.

3. The father of the previous patient complains to me at the first visit, 19th May, that four weeks ago he was taken suddenly while *running fast*, with a very acute pain in the ankle-joint. The pain is not to be felt while at rest, but as soon as he attempts to *walk fast* the pain occurs, and he is obliged to stand still. The patient was given *Rhus* 2 in powders, one dose once in eight days. On 26th May he informed me that the pain disappeared entirely on the next day, and since that did not reappear, even by fast and exerting walking.

4. John Otterlau, a mason by trade, 31 years of age, slender, strong muscles, hair and complexion dark, free of psora.

Two years ago he slept during a snowstorm in a garret on the hay; the gable of the building was not very close. The next

morning he was very cold, his clothes damp, and he felt rather indisposed. He had chills, stitches in the side accompanied with cough, and coughing aggravates the pain. The pain, however, (according to the patient's statement), located in the hips, *from there down to the lower part of the thigh*, though merely on the external side of the limb. The leg was *lame* and *stiff*: the pain was much aggravated by *change of weather, cold, and exercise*, and was so violent that he was obliged sometimes to keep his bed for several days. In spite of all Allopathic exertions the case remained so for twenty-three weeks, until gradually improvement set in, still he felt occasionally that all was not right with the leg, and yet he was not perceptibly ill during the six years.

About three weeks past he was tiling a roof, where he was exposed for some time to a *strong cold wind, with showers of rain*, which beat constantly on the affected side. The next day the former evil, as above related, reappeared with increased intensity. He came to me riding on an ass, having endured the most violent pain on the road; he was *stiff* in the *hip*; every motion of the limb was painful, more so by *rising* from a *chair*, by *sitting down*, by *bending* the limb, by turning around; *gradually continued* motion of *short duration ameliorated* the pain somewhat. There was also a sensation of *numbness* in the thigh.

October 5th, 1851.—I gave him *Rhus* 2, in pellets (five or ten *pro dosi*) in six numbered powders, of which the three last numbered contained *Sacch. lac.*, to be taken every night *dry*.

11th.—He came *on foot*, and informed me that he already perceived marked improvement on the 6th October, which continued so favorable that he was able to walk as far as two post miles. I gave him for seven days *Sacch. lac.* powders, and learned since that he is entirely well.

5. The leather manufacturer, C—, of this place, tall, slender, strong muscles, hair and complexion dark, æt. 46—49, not psoric, had suffered for several years from rheumatism in the left arm. About four weeks ago, while out hunting during a heavy *rain-shower* with *cold wind* which beat on the left side he *got wet* to the skin, and as he had to go first to another village, where no clothes could be obtained for him, he could not very soon change his wet clothes for a dry suit. On his way home, but more the next morning, he felt a drawing, lancing pain in the left arm, extending from the shoulder to the elbow.

On the second or third day the pain in the arm disappeared entirely, but reappeared with such great violence on the back that *each motion of the neck* caused intolerable pain. Even the slightest attempt to turn or bend the back or head, or *to move* the hip-joint, or the arm in the shoulder-joint, or to *stretch* the limb and *change* position, was followed by the most violent sufferings, which continued from two to ten minutes before ceasing. The patient, however, was not *without* pain, even when he was perfectly quiet. The position in which he felt most comfortable was when he was lying in an arm-chair, with a long and cushioned back to it, with his hip and knee-joint bent, his back straight, and his arms elevated, with a flexed elbow. In that position he had to be carried to and from the chair, whenever he wanted to go to bed or to satisfy his wants. The medical treatment of Allopathy was exhausted during fourteen days, but did not induce any change.

The patient received, November 3, seven numbered powders, No. 1 and No. 2 contained *Rhus* 2, to be taken night and morning. I visited the patient again on November 5th. He stood by the window, and walked with strong steps and unaffected attitude towards me; he could, with some precaution, turn and bend around, and could move his arms freely, &c., and on the whole he was free from his evil. *The improvement was perceptible already the next morning after the first dose of medicine, November 4th, consequently from nine to ten hours after having taken it.* I advised him, however, to be very cautious in his movements, especially that he should not turn round suddenly, and not lift heavy weights. The case was of such a rheumatic character, which, by disturbed muscular action, would readily cause relapse of the evil. But as he was improving, by the administration of *Sacch. lac.*, daily, and free of pain for several days, he descended into a tanner's vat on November 10th, and drew from it a heavy cow-hide on the edge of the vat. While he was in the act of drawing the hide the old desperate pain returned again, as first on November 3rd, and he was not able to come out of the vat without assistance. The same prescription was given as on November 3rd, and on November 11th the same successful results as on November 4th were effected.

On the 8th August, in the following year, I was called to the wife of the previous patient, a brunette, slender figure, mother of many children, and about forty years of age, not psoric. For six

months she had a stiff wrist-joint, which was swollen and painful. The pain was aggravated; after rest (also in the morning after the night's rest) when first *beginning* to move the joint *after washing in cold water, by cold generally, by change of weather, in a feather bed, in the evening, and by exertion.* I directed *Rhus* 2, in pellets, dry, to be taken every morning before breakfast, and advised her to omit medicine as soon as any amelioration or improvement is apparent. On the third or fourth day improvement set in, and on my visit to her, eight days later, the hand was already entirely well.

By reviewing now the result, we come to the conclusion that *Rhus*, selected in accordance with the principle of *similia similibus*, has proved to be evidently an effectual curative agent in rheumatic lameness.

1. Nearly only by *men of strong muscles.*
2. By all men with *such* diseases, which were caused—
 - a. By *getting wet and then taking cold when the body is in a state of perspiration and excitement:* but also *without physical exertion and without perspiration,—or*
 - b. By *excessive exertion performed in an uncomfortable position of the limbs, as lifting, mis-stepping and twisting the arm.*
3. The diseases originating from the causes named are characterised by a *tightening, lameness, and stiffness, by tearing, drawing, bruise- and sprain-like pain* in the *shoulders, wrist-joint, back, vastus, and in the hips, and not unfrequently, from there down in the thighs to the feet, with occasional sensation of numbness.*
4. It is evident that the pains were *aggravated* in the *evening by exertion, when beginning to move the affected part after rest* (as by rising from a chair and from the bed), in the *cold, by immersing the parts in cold water* (as by washing), in the *wind, in the bed* (feather bed), by *change of weather, in sitting, by stretching the affected limbs, by bending over, by turning about in bed.*
5. The pains were *lessened* by *dry heat* (as by the hot stove), by *gentle and continued motion* of the affected part, and *flexion* of the limbs.

These were the circumstances, causes, and symptoms, by which *Rhus* effected such glorious and speedy cures. These circumstances, causes, and symptoms, form also the indications laid down by us for the employment of *Rhus* in rheumatic lameness of the

back and the extremities ; and they are not merely contained in the *Materia Medica*, but have also been approved by practice. The cases related by me belong to those which we frequently meet among the labouring classes ; and we find them generally such as I have described, with but slight alterations.—Dr. Bolle, translated in *Philadelphia Journal of Homœopathy*, vol. iii.

Cases. By Dr. HENRY R. MADDEN.

1. *Hydatids in the Lungs.*

During my residence in Australia I saw several cases of this disease, and I am induced to publish an account of one of these in consequence of the following paragraph in Sir Thomas Watson's *Lectures on the Principles and Practice of Physic*. He writes, on page 561 of his second vol., " We can seldom be sure that hydatids exist within the body, until we see them ; nor, if we knew of their presence, could we propose any rational method of cure. It has been fancied that a galvanic current, or an electric shock, passed through the organ containing these creatures, might kill them, and so at least prevent their increase : or they might be poisoned by alcoholic potations, or by drugs that are not seriously prejudicial to man, as *Mercury*, *Iodine*, *Turpentine*. But these, I fear, are mere dreams of our baffled art."

I was called in consultation by one of my colleagues to see the following case. A. B—, æt. between 50 and 60, had suffered on several occasions from severe hepatic congestion, once at least accompanied by fully developed jaundice. There have been considerable fulness and tenderness in the right hypochondrium, and the dulness on percussion over the liver extended upwards, encroaching on the right side of the chest, giving rise to some dyspnœa and cough. From time to time he seemed to benefit under the treatment pursued, when he was suddenly seized with all the symptoms of acute pleuritis, and then of pleuro-pneumonia, after which, during a violent fit of coughing, he brought up a quantity of pus containing a few hydatids. From this time his health steadily gave way ; his cough and dyspnœa increased ; hectic fever set in, accompanied by great and increasing emaciation, and at the time I saw him the case certainly looked very

hopeless. The right side of the chest was considerably enlarged. Dulness on percussion extended from the hepatic region up to above the right nipple. Loud moist *râles* existed over all the upper part of the right lung, and extended some way down into the dull portion. He was extremely weak and thin, and had entirely lost his appetite. He expectorated muco-pus copiously, and the sputa were occasionally brown and blood-stained, and now and then contained one or more hydatids. The diagnosis was clear enough. There had been originally a collection of hydatids in the liver; hepatic abscess had occurred, which burst upwards through the diaphragm into the right lung, and the entozoa had subsequently established themselves in the lung, and by their increase were causing all the constitutional symptoms under which the poor man seemed to be sinking. The prognosis was gloomy enough, and I told my colleague that our only chance was to endeavour to poison the entozoa without killing the patient, and for this purpose I suggested *Santonine*, which I recommended should be pushed until it produced decided physiological effects. My suggestion was followed up and the *Santonine* was continued for three or four weeks, without, however, producing any apparently beneficial change. My colleague therefore discontinued it, and for the symptoms then present gave *Merc.* 12. A few days later the man brought up one or two pints of shrivelled hydatids, and from that time forward he steadily improved and recovered satisfactorily.

Now the question comes to be: What cured the man? 1. For myself I believe the *Santonine* killed the hydatids, and hence deserves the credit of the cure. 2. My colleague however, who is a high-potency man, and an arduous symptom hunter, gave all the credit to his *Merc.* 12, even although he had repeatedly given *Merc.* before I saw the patient without any benefit. I should mention that he considered *Merc.* 12 a very large dose, and only gave it under the idea of poisoning the entozoa (!!), his usual dose being 30 and upwards. 3. Another view of the case is that the treatment had nothing to do with the cure at all; for, as Sir Thomas Watson observes, "Sometimes the whole colony perishes while yet hid in its dwelling-cave, all the enclosed hydatids losing their vitality, and shrinking up as their fluids are absorbed." And he adds, "This may be deemed a sort of natural cure of such a malady." Of course one cannot deny the possibility of this view

of the matter, but its probability is small when we consider the length of time that had elapsed since the colony escaped from the liver to the lungs, together with the fact that isolated living individuals had from time to time appeared in the sputa, and hence one sees no reason why the whole mass should perish, while its surrounding circumstances remained unchanged. At all events I conclude from the above case that it would at least be worth while to try *Santonine* in similar cases, should they occur in practice.

The other cases which I saw I cannot relate, as I know nothing of their subsequent history.

2. *Rheumatic Fever, Endocarditis, &c.*

A very interesting and, in some respects, remarkable case of this kind came under my notice in 1865. A young gentleman, aged eleven, had an attack of rheumatic fever in 1864, which left him with valvular disease of the heart. He was put under my care, and was much benefited both as regards general health, and also in his cardiac symptoms; *Naja* being the chief remedy. In May, 1865, he caught cold, and had simple articular rheumatism, with pale swollen joints, not much pain, and but little fever; the disease, however, showed a strong disposition to migrate from joint to joint. Under *Pulsatilla* ₁₂, the pains rapidly subsided, and in two days he felt nearly well; when suddenly, without any chill or indiscretion of any kind, cardiac symptoms set in with violence. I put on a "half jacket" poultice, and gave *Aconite* _{ss}, which seemed at once to check the symptoms. This was following up by *Spigel* _{ss}, after which I gave a few doses of *Cactus* _{ss}, but returned to *Spigel*, as he seemed to progress best under that drug. For a time all went on very well; the fever entirely left him; the cardiac pain and oppression ceased, and *the bruit lessened to a degree considerably less than before the attack*, so as to encourage the hope that on his recovery the heart would be in a better condition than before this illness. He continued to improve, and gained some strength, when dyspeptic symptoms developed themselves, accompanied by frequent flatulent spasm, troubling him especially at night, and occasionally associated with vomiting. Although often expressing himself as feeling better, he did not show an equivalent improvement in face; he continued pale

and pasty in colour, the pulse remained quick, and the breathing rapid. Daily examination of the heart, however, failed to show any increase of cardiac disease, and the bruit became softer and weaker, giving one the impression that the roughness of the valves was decidedly less than before this illness. This state of things lasted ten days, during which, notwithstanding the bad nights caused by the flatulent spasm, he gained slowly in strength, and was able to sit up in his room the greater part of the day, and to walk about from one part of the room to another. On the tenth day he felt better than usual, and went to bed cheerfully, anticipating a good night's rest; when suddenly, after two or three hours, he started up in bed, vomited violently, and immediately thereafter urgent dyspnoea came on. I was at once sent for, and was with him in less than an hour. He was then struggling for breath, with a countenance of agony, the whole surface covered with a cold sweat, but his mind perfectly calm and collected. His pulse was very rapid and small, the heart's action tumultuous, and without rhythm, but the pulmonary sounds were too loud to enable me to determine whether or not any change had occurred in the cardiac bruit.

I tried various remedies without the slightest effect; the lips, and gradually the whole face, and hands and feet, became blue and cold, and he died asphyxiated about two-and-a-half hours after this seizure.

There was no *post mortem*. The question comes to be what was the cause of death. It might be paralysis of the lungs, since the flatulent distention, the spasms of stomach, the hurried respiration and quickened heart's action, all indicate great disturbance of the pneumogastric; at the same time, while watching the case, I noticed many points in its progress unlike those which accompany pulmonary paralysis; and the conclusion at which I arrived at the time, and which I see no reason to alter, is, that that the poor boy died of *Embolism*. I believe the pathology of the case to be as follows:—After the graver symptoms of endocarditis had passed off, some smooth fibrinous clots attached themselves over the roughened surface of the valves, and by thus compensating for their previous insufficiency, gave rise to the lessening and softening of the *bruit* noticed in the history of the case. These clots had not time to form organic connections during the ten or twelve days which elapsed before the fatal seizure, and it seems to

me very probable that the sudden and violent vomiting which ushered in the attack dislodged one or more of these clots, which, being carried forward by the blood torrent, choked several branches of the pulmonary artery, and suffocated the boy. I have never before watched a case of death by *Embolia*, but from the published accounts which I have seen, the symptoms much resembled those of my poor little patient.

Colic, treated with Iris versicolour.

By C. E. SANFORD, M.D., Bridgeport, Conn.

Aug. 15, 1865.—I was called to see Mrs. B—, æt. 65, the wife of a farmer, a hard-working woman, of a nervous-bilious temperament. She had been subject to similar attacks for some years previously. I had seen her occasionally, and had attended her the spring before with chills and fever; and, during the month of July, through a sickness of the same character as the present, although not as severe. I found her much prostrated, pulse frequent and feeble, with expression of great anguish in the face, much mental depression, frequent and violent efforts to vomit, resulting, however, at the time I saw her, in little more than an enormous discharge of air, which seemed to roll off her stomach with great force. There was intense pain in the umbilical region, passing in successive shocks, like the effects of a galvanic battery, upward to the epigastric region, followed or accompanied by nausea, straining, and belching of wind. There was great commotion and rumbling of the bowels above the seat of pain; but little or none below, with no desire for stool. My prognosis was guarded, as the severity of the symptoms, age of patient, and previous condition, all appeared unfavourable. Now, although the provings of Drs. Burt and Rowland, in *Hale's New Remedies*, might have suggested *Iris*, I doubt if I should have ventured to use it in so severe a case of colic for the first time, if I had not witnessed, a few days before, in a case of *Irisin* poisoning, *symptoms which were almost identical* with those of the present patient. The case referred to was that of a lady, who had been taking two or three grain pills of *Irisin* for several days for constipation, *without any relief*, her bowels not moving once in the whole time:

during two or three days previous to the attack, she had felt some slight symptoms of the colic after each pill, but she thought they were *working* in the bowels, and would pass off. They did pass off, but upward instead of downward. She vomited up several of the pills before she was relieved of one of the most severe attacks of colic I ever witnessed; and every symptom of which, generally and specifically, was a perfect counterpart of those already described, especially the vast quantities of air thrown off the locality of the pain: no inclination to stool, general appearance of anguish, &c. It struck my mind so forcibly, upon entering the room of the first-mentioned patient, that *Iris* would relieve, that I did not hesitate for a moment in the selection of a remedy. I dissolved six or eight drops of the tincture in a half-tumbler of water, and gave a teaspoonful dose every ten minutes, until there was relief, gradually increasing the interval between the doses to one and two hours. I was not disappointed: the effects of the *Iris* were rapid, and wholly agreeable. In a short time, my patient was entirely relieved of her severe pain; she had a comfortable night. I was called in the afternoon, and on the following morning occurred a natural movement of the bowels. I have used the *Iris* in several cases of colic since, in which the symptoms were similar, although less decidedly marked. This peculiar type of colic is not unfrequent among elderly people; and in all such cases the *Iris versicolour* will prove serviceable.—*New Eng. Med. Gaz.* Sept. 1866.

MISCELLANEOUS.

Dr. Ozanam's Analysis of Epilepsy and Mania in Man and Lower Animals, treated in accordance with Natural Specific Medicine.
By A. E. LAVILLE DE LA PLAÏGNE.*

The volume we now analyse is wholly a programme. The author presents it to his brethren of the faculty as a specimen of a grand treatise on pathology internal and external, materia medica, and pharmacopœia, all from the point of view of specific treatment.

His intention is to publish by subscription, if he receives encouragement from his readers. For our part we cannot encourage too strongly the author to pursue the publication, not that we share all his ideas; far from it. For instance, we cannot admit with him that simple epilepsy, maniacal epilepsy, and rabies, are only one and the same malady, of which the mere convulsion of infancy is the minimum and mania the maximum. But, side by side with some extraordinary ideas, which perhaps depend upon the too isolated position of the author, we find a host of interesting observations, bold conceptions, and curious researches into the Homœopathic law (for Dr. Laville is eminently a Homœopathist), into Homœopathy previous to Hahnemann, and into the relation of Homœopathy to the ancient doctrine of "signatures;" an old-fashioned subject, but restored to the order of the day by the recent labours of which Dr. Fredault has lately given an account. He concludes with a series of pathogenetic studies on new or little known remedies, both animal and vegetable, *e.g.*, the *Aranea diadema*, *Tarantula*, *Scorpion*, *Cetonia aurata*, *Red Ant*, *Mole*, *Toad*, *Salamander*, *Glowworm*, *Earthworm*, *Itch acarus* or *Psoricum*, &c.

In these studies there is enough to occupy a man's whole life; and these detached chapters show us how valuable the entire work will be, even to those who will not admit his theories and philosophy.

Dr. Laville de la Plaigne begins with studying, in so many

* From *L'Art Medical* for January, 1867.

special chapters, all the laws and systems of medicine in general. "The law of contraries has," says he, "never been defined anywhere. Who can say what is a 'contrary' in medicine? It is a mixed law, ill studied, ill interpreted, which explains nothing, except perhaps that sickness is the contrary of health.*"

"Besides, observation tends to show that *the true contrary of a contrary ought to be its like*; for in the action of every medicine there are two opposite powers: the one contrary, the other like: so that, at the end of the chapter, the physician cannot easily decide by which law the cure is effected."

"The law of similitudes is better defined, because it is more in harmony with the attractions and affinities which reign over nature. Yet it is not always admissible; for in pathogenesis we shall not find a single medicine which has not both primary and secondary actions (similar and contrary); and here again one cannot say whether the treatment is by the law of similitude rather than of antagonism."

These reflections are true enough, I quite agree with them; but as to the remedy, as to the bond which is to unite and clear up the two doctrines, that is still to seek; that third discovery shall be reserved for some fortunate genius.

The next chapters are merely a succinct analysis of the various medical systems, passing over in review, successively, Brown and irritation, Pinel, Barthez, Schelling and his disciples, Fouriroy, Rasori, Paracelsus, Hahnemann, and Broussais, ending with a good long chapter devoted to the history of Homœopathy. These various chapters contain few things which are not familiar to us all.

However, *àpropos* of Schelling, who was a philosopher as well as a physician, our author treats of *polarity*; fancying he finds in that theory, on the one hand, the basis of Schelling's positive philosophy with that of Reil, Hildebrandt, and Wildebrandt; and, on the other hand, in medicine, the explanation of a host of physiological and therapeutic facts, such as physiological and pathological appetances, medicinal affinities, the elections and selections of medicines for this or that organic function or side of the body; questions studied with such care by the learned Dr. Bönninghausen.†

* Paracelsus, *Paragrani tractatus*, p. 190.

† *The Sides of the Body, and the Affinities of Medicines*, by Dr. Bönninghausen.

Dr. Laville is a great admirer of Paracelsus, and looks upon him as one of the first inventors of Homœopathy. "Paracelsus called the medicines which he employed 'Specifics;' he did not know the name of Homœopathy, but he was not ignorant of any of the laws on which it is founded; he was a *similist*, an advocate of the law of similitudes and analogies."

"It is he who taught us that many birds, when attacked with certain maladies, cure themselves of them by eating insects with that same malady (the origin of Isopathy). He could also appreciate infinitesimal doses, and designated the twenty-fourth part of a drop by the name *Karena*."

"Paracelsus characterised the law of similitudes by the name '*Similia similibus*.' He substituted for experiments on healthy subjects the celebrated doctrine of '*signatures*;' but, still more homœopathic than Hahnemann himself, he (like the learned Lullius) would have the physician choose, for the cure of a disease, such plants as flower and ripen under the same sign of the zodiac under which the disease was developed, and were gathered in the district where the patient was taken ill!"

In the article on Broussais, there is quoted *in extenso* a consultation by that learned physician in June, 1838, at Paris, a short time before his death (which we reported in the *Art Médical*), in which Broussais exhibits a striking tendency to Homœopathy, both in the choice of medicines and the smallness of the dose which he prescribes; after reading this, we are no longer astonished that that celebrated reformer was accused of an intention of deserting, in his old age, to the ranks of *similia similibus*!

In the chapter devoted to Homœopathy and the action of infinitesimal doses, the author raises a delicate and unexpected question. He suggests that, all the dilutions being made with alcohol, and the triturations with sugar of milk, it is of great consequence to study first the medicinal powers of those two substances, in order to know whether the medicinal results are produced by the substances which are incorporated, or merely by the vehicles.

With this view, Dr. Laville promises (but does not give us) the pathogenesis of alcohol diluted with distilled water, a medicine whose power he proclaims as co-ordinate with *Aconite*, *Nux vomica*, *Opium*, *Camphor*, *Coffea* and *Phosphorus*!

Being no advocate of the high potencies of Jönichen and Korsakoff, Dr. Laville advises practitioners not to exceed the sixth and ninth dilutions; beyond which, he says, the medicine,

being no longer demonstrable, may easily have disappeared from the dilution employed; whilst the doctor is giving nothing but dynamised alcohol, of which he is, in that case, unconsciously making a panacea!!

All these reflections startle one by their unexpectedness, but they are judicious. There is no proof that alcohol is not an active remedy by itself in infinitesimal doses, since, in large doses, it produces phenomena so well known, so frequent, and so serious, from simple intoxication to chronic alcoholism and *delirium tremens*. The medicines which our honoured colleague designates as analogues of alcohol are decidedly its analogues also in chemistry and physiology; for, with the exception of *Phos.*, they are all rich in carbon, whose (primary) tetanic excitant effects, and (secondary) anæsthetic effects being once known and admitted, one can perfectly explain why, like alcohol, *Coffea* and *Nux vom.* excite and tetanize, whilst *Opium*, *Camphor*, and *Aconite* are anæsthetic, &c. Thus modern science tends progressively to confirm the researches of our learned colleague, and henceforward we must advise homœopathic chemists to make their dilutions with water as often as possible, and to add alcohol to those only which have to be kept.

But here is a point where we find ourselves at once in opposition to Dr. Laville, viz., when, in imitation of Lullius, and in order to give us an idea of the plan of his internal pathology, he presents us with the maladies and their remedies as acting under zodiacal influence; and then gives a *résumé* of them in a table composed of eight concentric circles, divided (the first at least) into twelve sections, corresponding to the twelve signs of the zodiac.

1st circle. Maladies coming on in different months of the year.

2nd circle. *Vegetable*. Plants apt to produce these maladies and to cure them, each under the sign of the zodiac when they ripen.

3rd circle. Maladies produced under the influence of the animal kingdom.

4th circle. Venomous animals able to cure these maladies by their poison, under the sign of the zodiac when that poison is matured.

5th circle. Metallic maladies.

6th circle. Minerals and vegetables suited to cure metallic maladies.

7th circle. Accidental maladies.

8th circle. Specific medicaments suited to cure them.

Such is the very singular classification, we must confess, adopted by our learned colleague. However, singular and systematic as it is, it has led to several important results, which ought to convince us that *all* the reveries of such men as Paracelsus, Crolins, and Lullius were not wholly unfounded. We have already seen that Dr. Laville has found the homœopathic law in a formula of Paracelsus. He also finds in Lullius the employment of infinitesimal doses; of dilutions made at a high temperature, and carried up to 100, 200, and more.*

It is also found in Arnaud de Villeneuve, who seems to be one of the most direct predecessors of Hahnemann, for, like him, he admits the law of similitude (*similia cum similibus, similis cum organico similari, &c.*) which he even calls "the celestial road!"† Like Hahnemann, too, he was acquainted with infinitesimal doses; though he remarks that this power "is difficult to explain, but that one must believe it, because it exists;" an expression which Hahnemann has preserved literally in his *Organon*.

Arnaud de Villeneuve also recognised before Hahnemann the necessity of experimenting on healthy persons; he was able to inform us that experiments on lower animals are less decisive.‡ The primary and secondary actions of medicines were well known to him (Ch. xxiii, p. 85, de investigatione primarum et secundarum virtutum). Lastly, he recommends the employment of one remedy at a time; no "mixtures."

It is curious to go back with the learned doctor, retracing the past ages, and to find there the germ of all those grand truths which only waited for the genius of Hahnemann to unfold them. It has been thus with all discoveries: they have been prepared by others, then seen in a sort of penumbra; but they would have been lost again, perhaps for ever, had not a man of genius come to render them visible, accessible, and useful. For a discovery is

* Quomodo se multiplicant medicinæ de bono in melius, et de uno in plures (Lullî testamentum, p. 207, sect. 30).

† Opera omnia, pp. 171, 532, 533, 534.

‡ Ch. xix, p. 57).

not truly made till it becomes useful to all, and becomes, so to speak, public property.

After having given his zodiacal plan of medicine, the doctor, in like manner, indicates the plan of his *materia medica*. I study, says he, in each remedy, all its actions under the heads—

Chemical	. . .	Organizing.
„	. . .	Disorganizing.
Physical	. . .	Organizing.
„	. . .	Disorganizing.
Physiological	. . .	Organizing.
„	. . .	Disorganizing.
Aromal	. . .	Organizing.
„	. . .	Disorganizing.
Anæsthetic	. . .	Organizing.
„	. . .	Disorganizing.
Parasiticide	. . .	Organizing.
„	. . .	Disorganizing.

But we will not dwell any longer on this plan, though we should have liked some explanations, at least, of the “Aromal” actions, of which we have not any clear ideas, and which seem to us difficult to admit.

The subsequent chapters of the book contain curious pathogenesies, but too short; for they are made exclusively with a view to epilepsy and mania, which are the main object of this volume.

We here give a *résumé* of some of his observations.

Aranea diadema.—The poison of this spider resides in every part of the body. Plunge a lancet into it, no matter where, and prick a sparrow under the wing: he will soon die in convulsions. It possesses the property of curing chronic intermittent fevers, especially those of an essentially nervous type. Above all, it cures intermittent maladies produced by the virus of animals.

Its poison causes epilepsy and mania.*

Its antidote is *Hyoscyamus*, and *its own poison*.

Dose.—From four drops of the tincture to the 9th dilution.

Scorpion.—Its epi-phenomena are very similar to those of the

* The author seems too often to confound epilepsy and mania; two maladies which are, however, quite distinct.

Aranea, but less intense; also its venom seems destined for infants.

Its antidote is *Belladonna*.

Cetonia aurata, the Rose Beetle.—Every one knows that the powder of this animal has been employed with success for rabies. M. Mostchoulsky verified the fact in 1846, in the case of one of his dogs bitten by a mad dog; and in 1847, in that of two children who were also bitten.

Direct experiments.—A sparrow, pricked with a lancet which had been plunged into the body of a rose beetle caught in an ant-hill, died in six minutes, in convulsions of *epilepsy and rabies*.

A rabbit only lived thirty-five minutes.

With the poison of the beetle taken on a rose-bush, death occurred in half the time.

A cat, after having bitten a sparrow killed with the beetle, uttered a shrill cry, leaped into the air, and was seized with epileptiform convulsions, in spite of which she kept running and writhing. She became rabid, biting and tearing all before her. At last she got calm, and slept twenty hours.

Dose.—For rabies, four to six, or more, drops of the mother tincture daily till it brings on sleep. The dose is less for epilepsy.

Antidote.—*Mandragora*.

Myrmica rufa (the red ant).—The Russians have taught us that they find the eggs of rose beetles in the ant-hills. This leads to the conclusion that the poison of the ants (*formic acid*) must have some relation with that of the beetle. By wetting a lancet with the concentrated acid obtained by triturating red ants and pricking sparrows, rabbits, and cats, we have obtained the same results as with the rose beetle.

We have administered it with success in epilepsy, especially to young subjects.

Dose.—Two drops of the mother tincture, or from 3rd to 6th dilution.

Antidotes.—*Belladonna* and *Aconite*.

Meloë vesicatorius (cantharis).—There are two cases where this medicine, which is essentially anti-rabid, ought to be employed at once—

1. When the horror of liquids is present.
2. When there is extraordinary venereal excitement.

Dose.—9th dilution, one to two drops daily.

Antidote.—*Camphor*.

Æstrus (sheep's gadfly).—This fly deposits its eggs in the nostrils of the sheep or goat; these excite a keen irritation, with abundant discharge of mucus: they hatch, and the larvæ lose no time in burrowing. After penetrating the brain through the cribriform portion of the ethmoid bone, they produce the malady called "staggers." Now, no remedy is more efficacious at the outset of this disease (which betrays itself by violent coryza) than injection of the tincture of these very flies that cause the disease. The larvæ are poisoned, and the sheep get well. Such is the true preventive of the staggers.

As to *bufo* (the toad) and *salamandra*, Dr. Laville reminds us that he was the first to try these two venomous animals for epilepsy, rabies, paralysis, and somnambulism; and that he reported his labours to the Homœopathic Congress at Bordeaux in 1854, *i. e.*, several years before those of Drs. Andrieu of Agen, and Leydet.

Talpa (the mole).—According to De la Plaigne, the bite of a mole can produce rabies in dogs. When flies have sucked the poison of a dead mole, they are capable of communicating, either to men or beasts, anthrax, carbuncle, a malignant pustule or erysipelas. He also advises gardeners to bury their trapped moles deep.

The doctor affirms, with *Mathioles*, the commentator on *Dioscorides* and *Paracelsus*, that the mole has been considered a mighty remedy for epilepsy. Even in our own day it forms the principal basis of *the Neufchâtel remedy*.

He has himself verified its efficacy against epilepsy, rabies, and many nervous complaints.

Dose.—Burnt mole in powder 25 centigrammes, with two to four drops of mother tincture, in a little water; in the morning, fasting.

Antidote.—*Veratrum*.

Mus aranea (the shrew).—If the mole can by his bite produce spontaneous rabies in the canine family, that of the shrew can communicate it to the feline race.

The powder of a burnt shrew possesses in a higher degree than all the other mice the property of stopping involuntary polyuria, nocturnal or diurnal in infants.

Acarus scabiei (*Itch acarus*), *Psoricum*.—Itch, thrown in, is a

frequent cause of epilepsy, which is a reason for giving this remedy a place here as a cure for the latter malady.

Psoricum is prepared by collecting the fluid of thirty of the pustules, opened at their base with a needle, scraping the bottom of it at the same time, to procure the insect. This fluid, with 200 drops of alcohol, constitutes the mother tincture.

In order to treat horses, goats, sheep, or dogs for psoric epilepsy, the special acarus of each animal must be procured.

The itch acarus is not the only one that predisposes to epilepsy; the mite in the flour (*acarus ciro*) with which caged nightingales are fed, gives them epileptic fits which always terminate fatally.

This remedy may also be employed against epilepsy. It is prepared by taking a quantity of the flour containing the acarus, to the number of about 200, macerating them in 60 grammes of alcohol, and then administering from the 3rd to the 6th dilution.

Antidote.—*Sulphur*, same dilution.

Lampyris (glowworm).—The mother tincture of the Italian glowworm is prepared with 100 of the insects in 100 grammes of rectified alcohol. For the French glowworm tincture, 200 are required. This remedy is employed for *prolonged vertigo*, *loss of appetite*, *thirst* without wanting to drink, *excessive sexual excitation*, and *rabies* when accompanied with *nymphomania* or *satyriasis*.

Antidote.—*Phosphorus*.

Lumbricus terrestris (earth worm).—This is a perfect poison to the human lumbrici, and consequently cures convulsions produced by the worms. One may call it the true vermifuge of the poor. The human lumbricus may be prepared and employed in the same way.

Doses.—Powder made from the worm after washing and drying, a tablespoonful in half a glass of red wine in the morning, fasting.

Granatum (the pomegranate).—The tincture, a liqueur glass morning and evening, infallibly expels the yellow tapeworm.

Filix mas (the male fern).—Its action is specially efficacious against the *small tapeworm*, and *tænia cucurbitana*.

Gramen (dog tooth).—The grass of pharmacy. Two species are enumerated—*tritium repens* and *panicum dactylon*. The author prefers the former as a vermifuge.

The gramineæ are not only useful as food for cattle, and for

the production of milk in herbivora in general and cows in particular.

In 1811, *Dr. Leroi* communicated to the Agricultural Society a memoir, in which he announced that he had obtained, by fermentation and distillation of 100 lb. of dog's tooth, 10 pints of brandy, 21 degrees above proof, and a kind of meal with which very good bread can be made.

For my part—says *Dr. Laville*—being a man of Nature, seeking to catch her in the fact in all her operations, I have learnt that if the dog's tooth can expel the tapeworm and ascarides of the canine race, it can also poison human entozoa; and we have made of it a specific medicine, which poisons *tænia solus*, the pulmonary *filaria*, and *ascarides*, especially those which we call miliary, which are often found upon and in the mucous lining of the vagina and uterus; nor do the *cucurbitanæ* always escape its destructive action.

“To make a suitable medicine of the dog-tooth grass, we chop it very small, put it into our percolating apparatus, and obtain from it a highly saccharine resin, of which we make pills from two to four grains, of which we give from two to six at most. We also dissolve 120 grammes of this resin in a litre of rectified alcohol, diluted with a little water, which gives an agreeable liqueur, to be given in doses of one or two liqueur glasses night and morning, to adults; and a small glass, in two doses, for infants. We prefer the pills for subjects with weak chests.

Spigelia.—An anthelmintic for *lumbrici*, *infusoria*, and *ascarides*.

Aconitum napellus (monkshood) may, even in “homœopathic doses,” act as a poisoner of the *hexathyrides* of the veins (a genus of infusoria which, according to *Dr. Laville*, may give rise to certain fevers), and of the *vibrions* of the lacteal vessels, *vibriones cyanogenæ*, and *exantogenæ*, which produce in cows the “blue milk” and the “yellow milk.”

Ten drops of *Aconite* in a litre of water, repeated three times with a day's interval, will restore the normal colour to the milk. *Aconite* shares this property with *Pulsatilla*, but the latter has the inconvenience of sometimes rendering the milk bloody. It is also with tincture of *Aconite* that *Dr. Laville* cauterises the bites of rabid animals.

Arnica.—Its speciality is against epilepsy in consequence of

falls, blows, &c. ; and thus also (in 3rd dilution) against violent falls and blows occasioned by epilepsy. But it should not be given till after the comatose sleep which follows epilepsy, for fear of rendering the fits more frequent.

Doronicum pardalianches.—It is said that rope dancers often take this to keep off vertigo, and, as a fact, it produces vertigos, in frequent succession, often in contrary forms, and very variable in their manifestations. Most of its other symptoms are analogous to those of *Hyos. niger*.

Antidotes.—*Hyos.* and *Bryonia*.

Hyoscyamus niger (Henbane).—Birds that have become epileptic after eating too many of the *Aranea diadema*, cure themselves by swallowing *henbane seeds* till they produce purging. Having once learnt that fact, one could easily infer that *Hyos.* ought to be an antidote to the spider's poison, and also an anti-epileptic medicine.

Antidotes.—*Bell.*, *Camph.*, *Doronicum*.

Atropa mandragora (mandrake).—It is long since *Albertus Magnus* discovered in *Mandragora*, the property of producing *anæsthetic sleep*. "If any one," says he, "has to undergo amputation, let him drink some of this plant with wine, and then he will be cured without feeling it." (Lib. xii, ch. 6. No. 40). Hippocrates recommended it for *suicidal mania* and *melancholy* ; for *fistula* and *hæmorrhage from the rectum* ; for *quartan fevers*, and *uterine affections*.

According to Dr. Laville, its effects greatly resemble those of *Bell.*, with this difference, that it does not dilate the pupil so much nor produce blindness. But, like *Bell.*, it is suitable in the treatment of *epilepsy* and *rabies*.

For *Epilepsy* : one drop ; dilution, 3rd to 9th ; morning, fasting.

For *Rabies* : one drop of the mother tincture, repeated till it produces sleep.

Antidotes : *Opium*, *Camph.* *Cetonia*.

Viscum album (Mistletoe). All the mistletoes are useful in the treatment of *epilepsy* and *rabies* ; but that of the oak is more frequently employed than that of the apple, the hawthorn, and the lime.

Dr. Laville has made an important chemical examination of this medicine, and has obtained two products from it : 1, *viscine*, a soft substance of a yellowish blue, poisonous odour, and bitter

taste ; 2, *visco-resin*, a bluish resin, pitchy, saccharine, at first of an agreeable odour, then fetid.

From these two substances are prepared *sulphates of viscine*, efficacious in the treatment of intermittent fever.

Viscine is the most abundant in the mistletoe of the apple tree ; visco-resin in that of the oak and acacia, which last excites the sexual appetite ; that of the lime is the weakest of all.

All the viscines may be employed with success in the treatment of *chorea*, *epilepsy*, and *rabies* (two to four centigrammes ; morning, fasting). The mistletoe of the hawthorn possesses, like all the rest, but in a higher degree, the contractile properties of *secale cornutum* upon the uterus, in cases of *tardy accouchement*, and *uterine inertio*.

That of the oak possesses remarkable anti-epileptic power upon horses. A certain *breeder* had a very fine stock of horses, which were, when three or four years old, almost always attacked with that malady, and this for many years. He cured them all with fresh leaves of the mistletoe of the oak, pounded as small as possible in a mortar, to which he then added half a litre of red wine (or white), straining it through a cloth, and giving it all at one dose to the sick horse, always twenty-four hours after each attack, and they all got well. This preparation has often been employed with these animals, and succeeded equally well. At present we should recommend the *visco-resin*, because it can be administered more readily. For a dose, we put four to five, or even 10 grammes on a spatula, and insinuate it on the tongue ; the horse, who is greedy after everything like sugar, swallows it immediately, and the dose is repeated after each attack. It is the same with cows, goats, sheep, and other herbivora subject to epilepsy, diminishing the dose according to the size and strength of each animal.

We have observed that the *viscines* and *visco-resins* possess effects curative of epilepsy more in the case of *herbivora* than *carnivora*.

We now give an experiment which shows that *visco-resin* can produce homœopathically convulsions of an epileptic character.

We placed, by means of a spatula, on the tongue of a large rabbit, two grains of *visco-resin* ; he ate them readily, and with pleasure, for he licked his lips. In about a quarter of an hour

he stretched his four legs, which became very stiff; he underwent muscular contraction and startings in the abdominal and dorsal muscles. These phenomena became all at once so violent, that, though lying on his right side, he made a leap to the height of more than two metres, falling back very nearly into the same place, where he kept shaking for some minutes; then getting up, he walked, as if drunk, about twenty paces, and at last took a most violent fit of epilepsy, which lasted more than half an hour, with the head turned backwards and to the left. During this attack there was an emission of semen, which caused the fit to cease almost spontaneously. The rabbit walked a few steps, and fell asleep for nearly twenty hours; the day after he awoke, he walked as if drunk, drank some water, but did not eat till next day.

Antidotes of all the viscines and visco-resins, are *camphor* and *quina*.

The account we have given of five species of mistletoe prove clearly that they have remarkable properties, sufficient to justify our retaining them in the treatment of epilepsy in man and beasts.

When it seems necessary to administer a bath to epileptic patients, it should be with a decoction of mistletoe, adding a sufficient quantity of water to two pounds, at the temperature of the body.

We shall not dwell upon the doctor's curious study of the different forms of "aura epileptica;" we would not deprive his work of the full charm of novelty. Nor will we discuss the theory by which he unites too arbitrarily the twelve following maladies as congeners of epilepsy: *chorea*, *catalepsy*, *lethargy* and *cataphora*, *natural somnambulism*, *simple giddiness*, *hereditary vertigo*, *tetanus*, *mania*, *simple insanity*, *raving madness*, *hysteria*, "apoplectiform cerebral congestion" (Trousseau), and *hydrophobia*. These twelve maladies are, says he, nothing but variable forms of epilepsy. They may succeed each other as they may succeed epilepsy, and may exhibit themselves alternately or hereditarily from generation to generation, sometimes leaving one or two generations in which they are latent.

Here follows a very curious case of epilepsy, commenced by the milk of an epileptic cow:

Obs. 10.—The person named M——, employed in Messrs. Mollerat's chemical works (Côte d'Or), aged forty, with a strong constitution, became a widower, and remained single, without children. Six months afterwards he was attacked all at once with violent fits of epilepsy. M. Emile Mollerat took me to him, and I questioned him carefully, without throwing any light on his antecedents. However, I got him to try a month's treatment, after which M. Mollerat told me that the man, after losing his wife, having no one to prepare his meals, lived, for more than six months, on nothing but bread and the milk of his cow; *but that this cow was epileptic*. M. Mollerat (who might have been the father of his workmen, for the care he took of them) made the man, by my advice, leave off using this cow's milk, and fed him for some months with his own servants. The fits ceased; M. Mollerat came to tell me this good news. But, for the interests of medicine and humanity, a counter proof was wanting, and this M. Mollerat and the patient were kind enough to supply.

M—— resumed his diet with the milk of his epileptic cow; *in six weeks the fits returned*. The fact was conclusive. M. Mollerat had the cow killed, bought a healthy one, and made a present of it to poor M——, his good workman. M—— betook himself to milk diet with his new cow, and *never had another attack of epilepsy*. This fact perfectly confirms our assertions. But if the milk of an epileptic cow can give epilepsy, cannot that of a phthisical one give phthisis?

This observation seems to settle many questions pending about the inoculation and contagion of epilepsy, and gives fresh importance to the choice of nurses. For we can also quote an instance of a child in a perfectly healthy family, who took epilepsy from being suckled by an epileptic nurse.

Obs. 11.—Miss O——, aged twenty-five, was born of parents decidedly psoric (scrofulous). Her mother had on her face a large patch of scorbutic rash. Miss O——'s two elder sisters were marked on the cheek from infancy with psoric spots, more numerous and deeper than their mother's. Miss O——, some months after quitting the breast of her mother, who had determined to nurse her at all risks, was marked on the face like her mother and sisters, with a *favus* of the same character, making hereditary tendency most unquestionable.

About the time of her first communion (twelve years old), they

determined to cure her, and succeeded, by dint of unknown salves and lotions of wild rosemary. Some six months passed after this cure, and the girl had her first attack of epilepsy, which was repeated almost every month for some years. The patient was first handed over to the family doctor, without any success; then to empiricism,—to quackery, and the fits became more and more frequent, till the poor thing could not venture out of doors on any account.

It was then that we were called in. Menstruation had continued sufficient and regular, so the epilepsy could not be attributed to irregularities of that function.

The treatment which I employed was combined as follows:

The antipsorics *sulph.*, *calc.*, *merc. sol.*, constituted that part of the treatment. The positive anti-epileptic were *Bell.* and *Hyos.*, and *Aranea diadema* was employed regularly after each attack to combat the intermittence. Each medicine, given at intervals of four or five days, procured at first a retardation of the attacks, which, instead of being monthly, were three months apart, and sometimes more. After one year of this treatment, which led us to hope for a speedy cessation of the attack, we saw, under the pressure of antipsoric medicine, the rash on the cheeks reappear with its well-marked *favus*. We continued our treatment, and at the end of three months all the parts which had been cured at the time of her first communion were as bad as ever. Thenceforward all the attacks of epilepsy ceased; we also discontinued our treatment, reckoning upon a most perfect cure.

We earnestly entreated the patient and her parents to trouble themselves no more about the cutaneous disorder, nor attempt to cure it.

Five years passed without fits; but then came an offer of marriage, and they returned to the treatment which had caused the disappearance of the *favus*, and so cured it a second time. But epileptic attacks, longer and more frequent, were renewed, and she died suddenly in one of the violent fits.

Obs. 12.—M. C—, from the Jura, æt. 40; bilious, nervous, with yellow skin, strong but dry constitution, with general emaciation, want of appetite, diarrhœa alternating with constipation; and all this without experiencing any pain.

Three years ago he had been attacked with epileptic fits, varying in number at first from two to three per month, but having

increased in frequency to a most extraordinary degree when we were called in. We found him in bed, excessively weak; stayed with him four hours, during which he had four fits, with convulsions and loss of consciousness for six minutes together. These attacks were preceded, twelve to fifteen minutes, by salivation so copious, that he discharged each time $\frac{1}{4}$ litre of saliva, white, clear, and of extremely acid smell; each attack was regularly preceded, every hour, by a pretty abundant salivation; he actually had no time for food or drink, and took either of them rarely and with repugnance. All this was accompanied by fever and clammy perspiration, lasting for a short time after each attack. He had never contracted itch nor syphilis, and consequently had never taken sulphur nor mercury.

Having never seen a similar case, we took time to consider it, and did not commence the treatment till six next morning. Since my visit the patient had been in a fit regularly every hour. We began with *Aconite* 6: two drops in four spoonfuls of water, giving one every four hours, to regulate the pulse, and prepare the system for the reception of the remedies. Next day we gave *Bell.* 6 alternately with *Merc. corr.* 6; two drops of each, but separately, in two spoonfuls of distilled water, every four hours, day and night.

On the second day the hourly attacks were reduced to every third hour. We went on thus for three days; after which the patient (who had only been able to take a few drops of eau sucrée and spoonfuls of bouillon) felt, in salivating, a strong inclination to vomit, and actually did throw up some of each; in which we were able, with a powerful lens, to detect the presence of ten gourd worms (*douves*), all dead but one, which still executed some movements. From that moment the salivation became less copious, the attacks occurred only every four hours, and the patient could begin to feed and to enjoy some hours' sleep.

We knew by experience that *Corrosive sublimate* has a special action on the *stomach*; *Calomel* and Hahnemann's *Merc. sol.* on the *duodenum* and *transverse colon*; and *black mercury* (*æthiops mineral*) on the *lower part* of the *alimentary canal* and the *mesenteric glands*. Henceforward we determined to give chase to the gourd worms through the whole canal, and gave in succession *Calomel*, *Merc. sol.*, and *Mercure nig.*, as we had given the *Merc. corr.* always in alternation with *Bell.*, and always in the above doses.

We obtained in the liquid stools about fifteen more dead gourd worms* (douves), and perhaps more which may have been lost. Three or four days afterwards all the symptoms ceased, and the patient was able to return to his own country, where he has had no relapse whatever. The treatment had occupied three weeks.

This treatment, which yielded results as rapid as they were unexpected, taught the author that the human gourd worm (douve) can produce epilepsy in man, and perhaps many other symptoms; and that the epilepsy or epileptiform attacks produced by that parasite are preceded by extraordinary salivation.

Treatment of rabies.—Dr. Laville allows cauterisation, but practises it in a peculiar manner. He cleans the wound, washes it, wipes it, then pours into it a strong tincture of *Aconite*, and fills it with a pledget of lint also wet with *Aconite*, and sets it on fire. We see nothing in this method preferable to cauterisation with the old-fashioned caustics (hot irons). Internally he gives *Aconite* 6, two to four drops, continuing it till he obtains a lowering of the pulse; he then replaces the *Aconite* by *Belladonna* (9th, 6th, or 3rd dilution), two drops in thirty grammes of water (for beasts, six drops), and alternates it with *Hydrophobine*, an isopathic remedy already recommended by Albertus Magnus.

One drop of *Hydrophobine*, 3rd dilution, is given in a spoonful of distilled water in the morning, fasting; or every hour, if required.

If, after all these medicines, which are essentially prophylactic, the hydrophobia, or dread of water comes on, then *Bell.* or *Mandragora* is given. If the slaver, or foam, appears in the mouth, *Merc.*, 6th or 9th dilution, must be given.

If the patients have *colic*, *constipation*, or *excess of urine*, *Hyos.*

If *suppression of urine*, or *erotic symptoms*, these are combated by *Canth.* or *Phos.*

If vesicles form under the tongue, *Spig.* is given; a remedy which intoxicates the acari contained in the vesicles of rabid subjects. *These acari are not always present; they are found at the outset of the disease, when well marked; afterwards the worm will be found; still later, nothing will be found, because then the worm is enveloped in its cocoon.*

* We confess we have some doubts as to the *species* of animal in question; for, in general, "douves" only inhabit the *liver* (C. O2).

When the *fits of rabies* take an *intermittent character*, they must be combated not with *Quinine*, but with the mother tincture of *Aranea diadema*, which corresponds so well to the intermittence caused by an animal poison.

When the rabid fits are of the greatest violence, we must have recourse to *Mandrag. stram.*, *Cetonia*, *Hydrophobine*; which last has been recommended by Dr. Hering of Philadelphia.

Obs. 13.—Towards the middle of June, 1835, we were called in to the castle of Quincey, Canton de Nuits, the house of the Count of Lé —, the Grand Louvetier (chief wolf-hunter) of the Côte d'Or. We were accompanied by Mr. M—, the veterinary of the department, and Mr. H—, sen., the veterinary of the Canton. On our arrival at the castle, they showed us thirty hounds who had been bitten on the two previous nights by a dog nine months old. Not one of those dogs presented less than six or seven bites, right through the skin. After this examination we went into the gardener's room, where they had isolated, the night before, the rabid young dog. He had died in the night of so violent a fit of rabies that he had gnawed the ends of his four paws and the end of his tail! We proceeded to a post-mortem. The vesicles under the tongue were present; but they were all open and empty. The pathologic anatomy of the whole mouth, œsophagus, larynx, bronchia, lungs, brain, and heart gave us, in full, all the characteristics of a rabid post-mortem. All the dogs were then tied up in such a way that they could neither bite each other nor fly at any one. All the wounds were dressed with *Aconite* (mother tincture), but not continued; and they all took the same medicine, 6th dilution: in short, the treatment was prophylactic, according to the directions above given, from fifty to sixty days. During this treatment no symptom appeared. But one of the effects of the *Bell.* showed itself remarkably in all the dogs, viz. a blindness which continued nearly a fortnight after the treatment.

Our opinion is—says Dr. Laville—that *Bell.* ought to be employed rather as a prophylactic of the rabid symptoms, after being bitten, than as a cure of those symptoms when developed. At present we replace the *Bell.*, after the appearance of those symptoms, by *Mandragora*; which *physiologically* resembles *chloroform*, without involving the same danger, as Bartolomæus Anglicus points out. It is simply a *powerful anæsthetic*.

Obs. 14.—March 1, 1833. A bull mastiff was bitten by a mad dog, who some days before had bitten several others, all of which died mad. The dog was our own; and the bite was on the back, between the scapulæ. In four hours the wound was dressed with *Tinct. of aconite*, and a few drops of *Bell.* 6 were dropped into his throat, till the seventeenth day after he was bitten. On that day, at 3 a.m., the dog became rabid, attacked everything around him, and set about gnawing the door of his kennel. This fit lasted an hour. When he grew calm we offered him water, and he became furious again. We left him at the bottom of the yard. This rabid fit lasted an hour also. We again offered him water, and he fled from it. After this second fit we dressed the wound with *Mandragora* 3, and poured four drops of dilution 6 on his tongue. Some hours after water was again offered to him; he drank some, and also took some food. This treatment was kept up till the wound was completely cicatrised, *i. e.*, eighty days. After all this the dog lived in good health for three years.

Obs. 15.—A young girl, about 9 or 10, was bitten in April, 1833, by a mad dog, who was pursued by peasants. The wound was in the right hand on the hypothenar eminence of the first metacarpal.

Baron d'A—, of Lig—, in whose service the child was, hastened to send for us. The wound, made by the dog's incisors only, was not extensive; a sanious serum was oozing from it, the surrounding parts were of a violet red, and greatly swollen. We dressed it with *Aconite*, mother tincture; then gave *Belladonna* 9 internally. The wound cicatrised shortly. The internal treatment was continued till the sixtieth day from the bite. No symptoms of rabies were ever developed.

Obs. 16.—Early in May 1833 we were called in by M. L—, a rich landed proprietor and farmer who sold cattle. His drover's dog had been bitten, about six weeks before, by a dog who had shown rabid symptoms, and had communicated rabies to many others. Fifteen days after the bite the dog accompanied his master into a field where a herd was grazing. M. L—, as usual, employed him to drive them, in the execution of which duty he bit one of them on the tip of the tail. It is important to observe that the dog had shown no sign of rabies, and not until a week after biting the ox did he leave off eating and drinking, and left the house,

where he returned two days after, and on entering the yard bit a servant who caressed him in the arm. He then rushed into the house, biting M. L—'s daughter, Mrs. E—, a married woman, æt. 22, on the forearm. The servants seized the dog and shut him up in a kennel, where in three or four days he became so furious that they had to shoot him.

The servant was bitten on the left arm, but his thick drugget sleeve had saved him; the teeth had barely reached the skin, without grazing it even.

Not so Mrs. F—: dressed in a light calico, one of the upper incisors had injured the tissue of the dermis. All in the house were in perfect security when the ox, bitten twenty days before, refused food and drink. They took him to the stable, when, in twenty-four hours, the moment the cowman offered him drink he became furious.

This first fit lasted two days, with momentary intervals. M. L—, who was told we were trying experiments on rabies, begged of us to come and see the ox, which we found strongly fastened by his four feet, the middle of his body, and his horns. He had again become furious and foaming, and bellowed frightfully. We offered him water, which exasperated his fury. We had him tied still more securely. We put eight drops of *Datura stramonium* 9 into a bottle of water, and introduced it by the nostrils; he swallowed most of it. Two hours afterwards he was motionless and did not bellow, but still foamed at the mouth, and kept executing with extraordinary rapidity the movements of rumination. When water was presented to him he looked at it undisturbed, and took a few gulps. In the evening he was still better, was released from his bonds, and tied up with a simple tether. Next day he had four drops of *Belladonna* mother tincture, and went on improving; but fell away rapidly, and died without any further symptom of rabies, about a week after.

Obs. 17.—Ten or twelve days after the death of the ox, M. L—'s daughter, Mrs. F—, whose wound on the arm had cicatrised naturally, felt unwell on rising, with lassitude in the lower extremities; vertigo and shudderings all over, like horripilation or shivering.

All this went off in the course of the day. At night she had frightful dreams. On getting up next day the symptoms of the night before reappeared with aggravation and burning thirst.

She felt much fatigued by the rays of the sun reflected from the room windows. After the horripilation and shuddering, she had a fainting fit for some minutes. On coming to herself she complained afresh of burning thirst; they offered her a glass of eau sucrée, which she repelled violently, and fell into a fit of rabies. These symptoms, during which they sent for me, lasted three hours.

I found her tranquil enough. After giving her all the consolation in my power, I administered four drops of *Belladonna* 9 every two hours in six spoonfuls of water. Next morning all the hydrophobic symptoms appeared with the same violence. I gave two drops of *Stram.* 9. Next day (the third day) the symptoms re-appeared, but in a form less painful to herself and less alarming to those around her. Had we then known the use of *Aranea diadema* in intermittents produced by poisonous virus, we should have had a good opportunity for trying it. We gave four drops of *Hyos.* in six spoonfuls of water, one every two hours; the symptoms ceased almost instantly after the first doses, and have never recurred since. However, after the warning furnished by the sudden death of the ox, thinking the virus might be acting in a latent form, without any external manifestation, we kept giving *Belladonna*, *Hyos.*, and *Stram.* in succession for fifty or sixty days, dating from the first attack. No rabid phenomena have ever been repeated; and Mrs. F— has since become the mother of several children.

Now, though we do not share all the author's ideas on the identity of those twelve nervous diseases, or the existence of intestinal gourd worm (*douves*), pulmonary filaria, and vibriones, cyanogenæ, and exantogenæ of the lacteal vessels, nevertheless we will applaud the efforts of the medical admirer of nature, who has conceived the idea of uniting, in a collection of general and consistent laws, the theories of Paracelsus, Crollius, and Hahnemann, in order to raise the doctrine of similitudes to a point from whence it may for ever govern the science of medicine. We do not believe he has yet attained his end; but we entreat of him to continue the task he has undertaken, and we promise beforehand to give an account of each of those treatises on medicine and therapeutics which he leads us to hope for in a short time.

BOOKS RECEIVED.

Professor Morgan's Valedictory Address for the Session 1866-7, at the Homœopathic Medical College of Pennsylvania.

Annual Report of New York State Homœopathic Society, 1863.

Transactions of the New York State Homœopathic Medical Society, vol. iv, 1866.

Documents relating to the Atlantic Mutual Life Insurance Company, sent by Mr. LOUIS SMITH.

Pacific Medical and Surgical Journal, vol. i, parts 2 and 3.

Publications of the Massachusetts Homœopathic Medical Society, vol. ii, 1861-66.

L'Omiopatia in Italia, rivista annuale di Medicina omiopatica per cura del Dottor PAOLO BRENTANO, Anno secondo. Milano, 1867.

Manual of Pharmacodynamics, by RICHARD HUGHES, L.R.C.P., Ed., &c. London, Turner, 1867.

A Handbook of Gymnastics and Athletics, by E. J. RAVENSTEIN and J. Hulley. London, Trübner, 1867.

The Hahnemann, vol. i, No. 3.

The Hahnemannian Monthly.

The New England Medical Gazette.

The Monthly Homœopathic Review.

The North American Journal of Homœopathy.

The American Homœopathic Observer.

The Western Homœopathic Observer.

The Chicago Medical Investigator.

L'Art Médical.

Bulletin de la Société Homœopathique de France.

El Criterio Medico.

Neue Zeitschrift für Hom. Klinik.

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